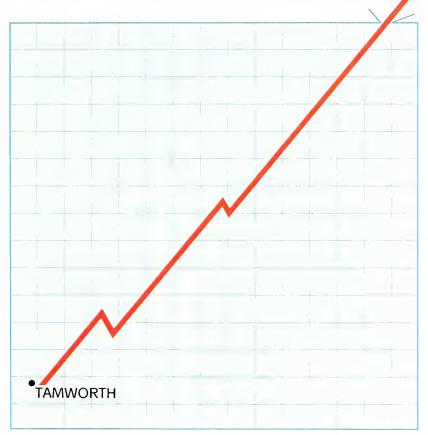
## CHEMST& DRUGSS

the newsweekly for pharmacy

June 16, 1990

## IT SEEMS WE JUST CAN'T STOP MOVING.



We've just moved to new national headquarters in Tamworth. And it's just the first stage in our major programme of investment for the future. If you'd like to join an independent pharmacy group on the way up, call Geoff Bass on (0827) 69269 or your local Numark wholesaler.

It could be your best move ever.



Local knowledge, national strength.

Fairway Court, Tamworth Business Park, Amber Close, Tamworth, Staffordshire B77 4RP.

## Council to confront Boots over advert

Bisacodyl GSL pack changes

**C&D** interview: David Taylor on the AAH outlook

**Chemist outlets keep Boots ahead** 



**Get in step for footcare** 

# Established III

## DOES IT BETTER



TV is the driving force behind Sensodyne's excellent growth record.

- Sensodyne is the outright brand leader in the sensitive toothpaste sector.¹
- Sensodyne is back on air again in July with a national TV campaign, and a great new commercial featuring Sensodyne F.
- 1. Independent retail audit.
- 2. Independent data on file. Stafford-Miller 1989.

- Additionally, 95% of dentists and hygienists recommend Sensodyne.²
- Research shows that 1 in 3 adults suffers from sensitive teeth, so the market potential is enormous.<sup>2</sup>
- Stock all 3 flavours in both sizes, to offer your customers more choice.

Don't miss out! Contact your local wholesaler, or call us direct on 0707 331001.



BRITAIN'S NO. 1 BRAND FOR SENSITIVE TEETH

## CHEMIST& DRUGGIST

INCORPORATING RETAIL CHEMIST

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Footcare — no sweat, no odour

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## COMMENT

ountercall have officially ceased to trade. Having failed to find a buyer in the four weeks since they moved in, the receivers last week decided to close down the operation (see p1084). Independent pharmacists have thus lost the services which this distributor offered, and there are thinly veiled mutterings from some manufacturers that they have got no one to blame but themselves. Trading conditions in the retail chemist sector have been average for the first quarter. In April the retail sales index for small chemists (with turnover below £2m) was 1 per cent higher than for small retail businesses generally.

So if it was not trading conditions that militated against Countercall, what was it? Late payment is one answer, and it would appear to be an increasing problem for companies that supply direct to independents. The major wholesaler accounts are paid promptly but other OTC suppliers are probably lucky if they receive payment within 40 days — tales of 90 days are not uncommon. Since Countercall's preferred *modus operandi* was to purchase stock from the manufacturer at a discount to the trade price, late payment meant they were effectively financing their retail customers and running into cash flow problems.

Of course, it could be argued their sales force — 26 strong at one stage — was overlarge for a universe of around 6,000 accounts, of which maybe only 3,000 generated substantial business. But independent chemists are notoriously difficult to reach, hence the attraction to manufacturers of a company like Countercall. Most users of such an outfit could not finance a sales team of say, 12 representatives and four management/admin staff to back them up. The alternative is to put product through mainline wholesalers — with the consequent lack of direct contact which independents frequently complain about.

It is no surprise that the receivers decided to wind up the company after a relatively short time. Although there was apparently considerable interest, no firm offer was forthcoming. Much of such a company's appeal lies in its staff, and they are not going to hang around if they can see the writing on the wall. To continue paying the salaries of those who do remain and other overheads only diminishes the money available to be paid out to creditors, and some manufacturers will have taken a considerable financial loss. All in all it is a sorry story from which no one benefits, and over which some should have a guilty conscience.

## **Council to confront Boots over advert**

A newspaper advertisement for the Boots monitored dosage system made an "unjustified and alarmist appeal" to people's fears about medication for the elderly and an implied criticism of pharmacies, the Royal Pharmaceutical Society's Council has decided.

It was agreed at this month's meeting that the superintendent pharmacist and the managing director of Boots the Chemists should be invited to meet representatives of Council to review the complete programme of promotion of the Boots' service to residential homes.

Council made its decision after lengthy discussion of whether a complaint of misconduct should be made to the Statutory Committee on the ground that the advertisement was likely to undermine patients' confidence in those pharmacists who did not use the monitored dose system.

### "Advert alarmist, distasteful and perilously close to breaching the Code of Ethics"

Council considered that the advertisement was alarmist, distasteful and perilously close to a breach of the Society's Code of Ethics of such seriousness as to warrant a reference to the Statutory Committee. It also disagreed with a Boots' claim that the advertisement was positioned so that it was clearly addressed only to professional carers.

A letter had been sent to the company's superintendent pharmacist, Colin Baldwin, saying that the tone of the advertisement appeared to contravene the ethical principle that publicity should not be in a form which could undermine the public's faith in pharmacy as a profession and, in particular, which disparaged the professional services of another pharmacist or pharmacy.

Mr Baldwin replied that the advertisement had appeared in a special supplement on the care of the elderly. Because it had been directed at professional carers, and not at the general public, its tone had been appropriate and ethical. It had implied no criticism of pharmacy or pharmacists.

The advertisement would not undermine public faith in

pharmacy, he said, because it concerned the risks associated with administration of medicines rather than dispensing.

The Ethics Committee noted that the advertisement had appeared not in a "special supplement" but in the main body of the newspaper, albeit in a three-page "focus" feature.

When the matter came before Council one member suggested that the Statutory Committee would be unlikely to sustain a complaint based on a single advertisement and that, if a complaint were to be made, it should include other aspects of the Boots promotional programme to which Council objected.

However, Council had already taken action on those other matters and could not now include these in a complaint to the Statutory Committee without further consideration of the whole programme. While some members of the Society would be upset if the matter was not referred to the Statutory Committee, such a referral might bring Council's own judgment into question.

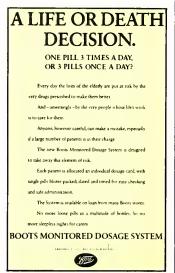
The further point was made that the Boots advertisement, whatever faults it might have, had been issued with the intention of providing better care for patients in residential homes. It would therefore be inappropriate to refer it to the Statutory Committee.

The view was also expressed that the interest of the Society's

membership would not be served by taking a case to the Statutory Committee on a tide of emotion whipped up by the activities of the company and the members' reaction to it.

One member suggested it was important to get into a proper dialogue with the person orchestrating the campaign.

Council agreed that the advertisement should not be referred to the Statutory Committee but a formal meeting arranged with the company. The matter would then be reconsidered by the Ethics Committee and Council.



The quarter page advert placed by Boots in The Times on May 10

## PAGB fights EC Directive with Plain English

Under a new European Directive, patients could find that information and warnings about medicines do not appear on the outside of the packet but will be replaced by a more detailed package insert.

The Proprietary Association of Great Britain and the Plain English Campaign believe this constitutes a step backwards and are fighting the proposal with an exhibition in

Strasbourg.

They hope to highlight the problems with the Directive which, they say, could mean a customer picking a medicine off the shelf and not immediately knowing what it is for. The detailed nature of the leaflets is also criticised for being too complicated which may mean the patient will not get the necessary information. The leaflets can also be easily lost, leaving patients without any information at all.

Ms Gopa Mitra of the PAGB hopes the week-long exhibition, ending this weekend, will make European politicians aware of all the implications of the Directive in its present form. The Association would like to see a more flexible Directive adopted under which each member country could develop its own policies.

Ms Mitra points out that package inserts are more common in some European countries than in Britain, but feels it would be wrong to force all countries to adopt them in place of information on the outside of the package.

## MCA hopes to clear backlog by March '92

The Medicines Control Agency hopes to clear its backlog of abridged product licence applications by March 31, 1992, according to its director Dr Keith Jones. And, despite the Agency's problems of lack of resources, Dr Jones says the MCA is the fastest in Europe at processing new chemical entities — faster than the US Food and Drug Administration.

These declarations came in an interview for the OTC industry representative body, the Proprietary Association of Great Britain, published in this month's *PAGB Bulletin*.

Dr Jones says he is about to embark on another recruitment drive and hopes to have a full complement of staff by the end of July.

To help companies track their applications Dr Jones has organised a specific inquiry point within the executive support business centre — one of six such centres set up within the MCA.

Dr Jones could not say much about MCA funding because of the impending judicial review brought about by the Natural Medicines Group over fees for product licence applications (see **News** C&D April 28). But he did explain that the fee structure is wholly related to service and that the objective is to cover total costs by fees. The Treasury feels that a turnover levy is not compatible with fees and that there should be one or the other, but not both. However, Dr Jones does feel that

in certain areas a mixture of both could be given serious consideration. He hopes to be able to give more information on this subject at an MCA Symposium arranged for November 2 in London.

In conclusion, Dr Jones said "During the coming two years the MCA intends to achieve recognition as the fastest licensing authority in Europe for new drugs and to clear its backlog of abridged product licence applications." While doing that, the MCA will look to industry to improve its performance in terms of quality of licence applications submitted. This should avoid inappropriate use of scarce resources and assist the Agency in accomplishing this mission."

## API pleased with meeting

The Association of Pharmaceutical Importers says it is pleased with the way last week's meeting went with the European Commission (*C&D* last week, p1009).

An API spokeswoman said the Commission officials had broadly accepted the Association's arguments about barriers to trade and licensing delays, but it was too soon to say whether they would

be taking any action.

## **Leaflets and ethics**

Fears that the inclusion of advertisements for pharmacies in practice leaflets issued by GPs could involve a breach of professional ethics have been dismissed by Lord Henley, a junior minister at the Department of Social Security.

Anxiety about the ethical considerations was expressed by Lord Peston, a Labour front bench spokesman and a member of the Council of the Royal Pharmaceutical Society. Speaking during the report stage of the NHS and Community Care Bill, he said he saw no objection to pharmacists placing adverts in GP practice leaflets giving the address of their premises and opening hours. But he warned wider issues would be raised if there were to be promotional advertisements of a "come to our pharmacy" nature.

Lord Henley maintained that GPs could be relied upon to accept advertising sensibly". He said the General Medical Services Committee would police the

advertising policy.

## UK CFC-free by 1997?

The UK consumption of chloroflurocarbons (CFCs) could be virtually eliminated by 1997, provided cost-effective recycling is employed.

This conclusion comes in a report from the Department of Trade and Industry which finds that the UK consumption of CFCs halved between 1986 and 1989. In particular, aerosols, which accounted for 64 per cent of CFC consumption in 1986, showed the greatest improvement, falling to only 24 per cent in 1989.



"Something tells me trade barriers are getting worse, not better..."

## Larger bisacodyl effectively goes P

GSL bisacodyl-containing products in packs of more than ten tablets will, from next Monday (June 18), effectively become pharmacy only.

The change, explains Proprietary Association of Great Britain secretary Sheila Kelly, follows the move earlier this year to increase the maximum GSL dose of bisacodyl to 10mg.

The GSL order makes no provision for pack sizes so that part of the change had to be dealt with under a "miscellaneous provisions" statutory instrument,

Ms Kelly explained.

Affected by the new rule is Evans Medical's Nylax, currently supplied in packs of 30 tablets. The company's registration manager Avril Lauchner told C&D on Tuesday that they are applying for a change in the product licence to make the 30 tablet pack Pharmacy only. "We have other plans as well but it is too early to say what they are,"

she added.
One option, of course, would be to launch a ten-tablet pack which could be sold through non-pharmacy outlets. However, C&D understands that non-pharmacy sales of Nylax are comparatively small.

Windsor Pharmaceuticals also have plans they cannot detail as yet for their brand Dulcolax. The main advantage of the change from the company's point of view is that the new rule allows bisacodyl-containing products in small packs to be displayed for self-selection.

Marketing manager Anthony Bush told C&D that the new rule brings bisacodyl nearer other laxatives, many of which are already on open display. But, he added, Dulcolax will always be sold only through pharmacies.

The pack change is made by SI 1990 No 1124 The Medicines (Sale or Supply) (Miscellaneous Provisions) Amendment Regulations 1990. HMSO, \$0.95.

## Records Access Bill unopposed

The Access to Health Records Bill, a private member's measure, was given an unopposed Third Reading in the House of Commons on Friday.

The Bill, which was introduced by Labour MP Doug Henderson, appeared to be running out of Parliamentary time when it was twice blocked by Tory backbenchers. It gives people a right to inspect medical records held on paper.

The Bill now goes to the House of Lords.

## OTC HC is being 'used wisely'

Over 80 per cent of over the counter purchases of 1 per cent hydrocortisone are made on the advice of a healthcare professional.

This is one of the findings of a survey into the use of OTC hydrocortisone, commissioned by Crookes Healthcare. The survey suggests that fears that deregulation would lead to misuse are unfounded, say Crookes.

The report also found that two-thirds of customers surveyed remembered the pharmacist's advice concerning the product's use: 92 per cent said they used the product for seven days or less.

More than 40 per cent of purchasers suffered from irritated skin most commonly occuring on the hands and wrists (36 per cent) followed by the arms, legs and torso. Some 90 per cent of patients were satisfied with the product's ability to relieve itching, irritation and rashes within a short period. Only 4 per cent reported any problems associated with its

According to Bridget Mander, product manager, Crookes Healthcare, the fact that customers are using 1 per cent hydrocortisone wisely is due to "the pharmacy profession and continued education by the companies". HC45 was used by 46 per cent of the people surveyed, with Dermacort (16 per cent) the second choice.

## **Commons row over eye test figures**

Conservative backbenchers as well as Opposition MPs have challenged repeated denials by Mr Kenneth Clarke, the Health Secretary, that since the introduction of charges fewer people are having their eyes tested.

Replying to a Labour attack in the Commons, Mr Clarke argued that following a "rush" in the three month period before charges were introduced in April last year and a subsequent "dip", the number of sight tests had recovered to normal levels.

He rejected a claim by Mr Robin Cook, Labour's shadow health secretary, that 3 million people who would otherwise have done so had not undergone eye tests since charges were introduced on the grounds that the figure was largely based on surveys by opticians who had a "vested interest" when replying to requests for information.

Mr Cook accused the Minister of having cast "a breathtaking slur" on opticians, and Dame Jill Knight (Con), who voted for a Labour motion calling for the restoration of free eye tests, said his charge was open to the interpretation that "opticians

No toxic shock warning for tampons

The Government has rejected a further demand from Joan Walley (Lab) for health warnings to be printed on the outside of tampon packets.

Consumer Affairs Minister Eric Forth said toxic shock syndrome was a very rare illness and he was not prepared to 'unnecessarily frighten women buying tampons by asking the industry to add a warning to the outside of the packet''.

He confirmed that the industry was being asked to put a warning on the leaflet inside the packet on how to recognise the symptoms of toxic shock syndrome and the fact that very occasionally it could be fatal.

The industry is also being asked to put on the pack itself guidance on what degree of absorbency should be used.

falsified their records"

Mr Clarke maintained that three public surveys had shown that the opticians' figures were 'wrong'. He said the restoration of free eye tests to the two thirds of the population for whom they were no longer available would cost \$90m.

Mr Clarke told the House: "If I had £90m more at my disposal eye tests would not figure on the first several pages of my priorities for expenditure".

Labour's demand for the restoration of free eye tests was defeated by a Government majority of 66.

## **Medipost Ltd**

Medipost, suppliers of the Medipost patient dispensing tray and Medidos wallet, featured in our list of compliance aids (*C&D* April 14, p637) can be contacted at 17 Surrey Close, Granby Industrial Estate, Weymouth, Dorset DT4 9TY (Tel: 0305 760750).

## PPSC rejects all Hatfield, Peverel applications

Essex pharmacy practice subcommittee has turned down all three applications for pharmacies in the village of Hatfield Peverel at their last hurdle.

The applications had successfully passed through the Rural Dispensing Committee, the Secretary of State's refusal to agree local dispensing doctors' appeal, and the Essex FPC's county dispensing subcommittee.

Essex LPC secretary Miall James said on Wednesday he thought the decision had to be questionable. "I shall probably be recommending to my Committee that they take legal advice," he told C&D.

It seems likely that the pharmacists involved, one of whom already has premises in Hatfield Peverel, are also likely to appeal against the decision.

Some five applications for pharmacies were originally submitted. Hatfield Peverel has a population of around 4,500.

## First line asthma therapy

Inhaled steroids should be first line therapy in asthma prophylaxis in adu'ts and should be considered in all out the mildest asthmatics.

That is the conclusion in the latest *Drug & Therapeutics Bulletin* which says that any adult who regularly needs bronchodilator treatment more than two to three times daily to control symptoms should be given regular inhalations of a corticosteroid. Sodium cromoglycate is suggested as an alternative in children.

Inhaled steroids diminish bronchial reactivity and reduce mucosal inflammation, and used regularly, increase peak flow, reduce symptoms and allow asthmatics on long term prednisolone to reduce their oral dose. All asthmatics needing long term oral prednisolone should be offered an inhaled corticosteroid to minimise oral side effects.

Obstacles to the use of inhaled corticosteroids are anxiety about side effects and a belief that "to use them is a drastic step", says the *Bulletin* which warns that underuse puts patients at risk.

Serial peak flow measurements help dose adjustment to as near lung function as possible. The *Bulletin*, adds that prompt treatment of acute exacerbations of asthma with adequate doses of oral prednisolone "will save lives" and it suggests that acute exacerbations should be followed by a careful review of therapy.



Christine Glover, past NAWP president (right), and Dr Jan Burns

## **Painkillers for Poland**

As a result of a collection by the National Association of Women Pharmacists, over 300,000 painkillers, including aspirin and paracetamol, are being sent to Poland.

Mrs Christine Glover, immediate past-president, organised the collection at NAWP's conference in Liverpool, which raised \$400. This sum was matched by Vestric, and a further contribution of 20,000 tablets come from Approved Prescription Services. Mrs Glover told *C&D* that this response far exceeded their expectations.

The collection was prompted by one of the regular appeals by St Johns's Church, Princes Street, Edinburgh, which has a van which makes monthly trips to Poland. This means that the tablets will be sent *via* a well established supply route, said Mrs Glover, so avoiding any possibility of the supplies falling into the hands of black marketeers.

The tablets were accepted on behalf of St John's by church member Dr Jan Burns, consultant paediatric cardiologist at the Edinburgh hospital for sick children.

## **Wellcome** infringers

Wellcome have reiterated their intention to take action to prevent infringement of their registered trade marks.

In a notice printed in this issue of C&D, the company says that it has recently concluded, through out of court settlements, proceedings against pharmacists from Bristol, Bedworth, Coventry and three from London, who dispensed as Septrin, tablets originally marketed under the trade mark Eusaprim.

The company says that those concerned have given undertakings ackonwledging that their actions were an infringement of Wellcome's rights in the registered trade mark Septrin.

## ASA warns of advertising by price

Retailers advertising products by their price, either in shop windows or in printed advertising, have been reminded of the need for clarity of information by the Advertising Standards Authority.

According to Case Report 182, some advertisers are quoting a price, either deliberately or inadvertently, which is not the price of the item shown. Examples brought to the Authority's notice include complete home computers shown with a price that does not include the monitor, and top of the range cars with prices for the basic model without extras.

Although it is often unrealistic to expect an advert to include all the details of an offer, the price in a headline should give a reasonable indication of the full amount to be paid for the goods being advertised. The Code also rules that if a product is illustrated, together with a price, the advertiser should ensure that what is illustrated can be purchased for the price shown.

## Promazine recall

Biorex Laboratories are recalling a batch of Promazine 25mg tablets which does not comply with a BP assay.

Packaging batch numbers are: 1678, 1708, 1782, 1812 and 1827, expiry date; June 1992, and 1742, with expiry date July 1992.

Stocks should be returned for replacement to: Customer Returns Department, Biorex Laboratories Ltd, Biopharm House, 79 Queensland Rd, London N7 7AN (tel: 071-700 1380).

## Aqueous cream recall

Evans say they have received a report of five cartons of aqueous cream, 100g, batch R96608A, containing tubes labelled adrenaline cream and bearing the same batch number.

The product inside the tube is aqueous cream, say Evans. Stocks should be checked and any of the above batch returned to wholesalers for credit.

## TOPICAL REFLECTIONS

## **Rural gains**

According to a report by the Rural Development Commission (C&D June 9) pharmacies are opening in English villages at the rate of 11 per year. Despite the vitriolic attacks upon our profession and desperate legal rearguard action from dispensing doctors, we are slowly winning the battle of making a pharmacy available to all communities.

Apparently, however, 15 per cent of all settlements with populations between 5,000

and 10,000 inhabitants still have no pharmacy. What an opportunity for young aspiring proprietors. This report must be mandatory reading for them and all LPC secretaries in order that the anticipated flood of applications to the Rural Dispensing Committee for permission will be made a reality. Remember although the Rural Dispensing Committee is being arbitrarily disbanded by the Government, it will adjudicate on all applications received before April 1991.

In the same report it was found that the number of rural GP consulting points is declining, with patients having to travel further to a surgery, but on arrival having more comprehensive medical facilities. This is inevitable since most rural patients are now mobile and community services have traditionally been concentrated in the nearest small town. How perverse then that doctors, though obviously understanding the advantage to the patient of a comprehensive medical service, still actively deprive that same patient of its pharmaceutical equivalent. I wonder why?

Straight flush

Now we have it! Straight from the horse's mouth! (*PSNC News*, no5/90) Our environmentally conscious Government can see no problem with returned medicines. All you do is flush them down the loo!



## Prescriber not contacted

When, oh when, will the Prescription Pricing Authority be instructed to pharmacists as treat responsible professionals whose endorsements should be accepted without undignified reference back to the prescriber? Once again this month I had a number of scripts returned. The "K" on Navidrex; the length of a patient's leg for Tubigrip; the non-existent

inhalation — all professionally rectified and

properly endorsed.

This particular problem has been raised many times before but still the Pharmaceutical Services Negotiating Committee does nothing! The present "PC" and "PNC" system is too restrictive and should be replaced by a "professional endorsement" which allows the pharmacist the freedom to make reasonable decisions. It should not be a function of a tower block clerk to demand countersignatures to a pharmaceutically accredited alteration!

**Open all hours!** 

I was called out the other night to dispense a genuine "urgent" script. The 24-hour emergency service exists in my area because of the efficient organisational skills of the LPC secretary and the goodwill of some pharmacists, but only a few pharmacists are willing to volunteer, so this call meant a round journey of 20 miles during which I passed by the doors of non-volunteers.

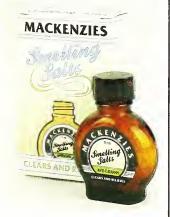
The patient was extremely grateful and our professional status has now risen by ten points in at least one family, but unless the profession can collectively offer a comprehensive 24-hour service, its image campaigns will be forever flawed. I would prefer a good, universal voluntary system, but if this is impractical then it should be a contractural obligation.

## GOUNTERPON

## **Centenary** update for **Mackenzies**

Cox Pharmaceuticals are giving their 100 year old Mackenzies smelling salts a new look.

The shape of the amber bottle remains the same but the label and outer packaging have been updated, with colour being used for the first time. The formulation



is unchanged and the salts now retail for £1.39. A patient information leaflet will be included in packs.

A national PR campaign will support the relaunch, say Cox who add that "the new pack will provide reassurance to customers that this traditional remedy is very much part of the 1990s'. For details of bonus offers contact Cox Pharmaceuticals (free of charge). Tel: 0800 373573.

## Scholl back **Natrena**

Scholl are backing Natrena this year with an "extensive" year with an consumer Press campaign.

With a spend of £400,000, the campaign will run in national women's magazines and in the specialist slimming Press through to November, say Scholl Consumer Products Ltd. Tel: 0582 482929.



## **Nivea looks to Europe** with new look range

Smith & Nephew are celebrating the thirtieth anniversary of Nivea lotions with a major relaunch next Monday, that aims to harmonise the pan-European brand image and improve direct product profitability.

Smith & Nephew claim that Nivea is the world's largest toiletries brand with sales in excess of £500m. In the UK, Nivea holds a 41.3 per cent (value) share of the general purpose skincare market currently valued at £29.5m.

New packaging is described as compact and streamlined in keeping with contemporary European design trends and will have significant benefits for retailers, say Smith & Nephew, as packs are now straight-sided and narrower to make more efficient use of shelf space.

The lotions range, which holds a 14 per cent share of the general purpose skincare market, will be

mild care for normal skin, special care for dry skin and gentle care for combination skin. Sizes are to be upgraded with all three variants available in 125ml (£1.39) and 250ml (£2.15) packs and the normal variant additionally in a 400ml (£2.99) pack.

Smith & Nephew will be supporting Nivea lotions with a television campaign worth more than £1.3m, starting in August. This follows on from campaigns for the haircare and facials ranges and forms part of a £5m investment for the brand in advertising and promotional support this year. Further support will come from national promotions with H Samuel and the Daily Express and a PR campaign including consumer literature, features and sampling in the women's Press. Smith & Nephew Consumer Products Ltd. Tel: 021-327 4750.

## Givenchy repeat gift offer

Parfums Givenchy are repeating last year's gift with purchase merchandiser, due to popular demand, they say.

Customers purchasing a 109ml Givenchy gentlemen aftershave will be given a complimentary 50g deodorant.

The merchandiser, which holds 10 109ml aftershaves (£19.50) and 10 matching deodorant sprays, will be available from August. Parfums Givenchy Ltd. Tel: 0932 245111.

## L'Oréal launch **Freestyle** sensitive

L'Oréal have added a new mousse variant for sensitive hair to their Freestyle styling range in response to demands for conditioning products.

The mousse (220ml £2.49; 100ml £1.49 and 45ml £0.59) is said to be strong enough to give control but gentle enough to condition sensitised types of hair in need of attention.

The product is CFC-free and its alcohol free formulation does not dry out the hair after styling, say L'Oréal.

The launch is being supported by a £650,000 television advertising campaign running for four weeks beginning in September. A trial size 45ml will be available from July. There will also be sampling activity in the women's Press. L'Oréal. Tel: 071-937 5454.

## **Cuticura's** campaign

Cuticura dry skin emulsion (C&D June 2, p992) will benefit from extensive sampling and promotion in the women's Press this year,

say Dep UK.

The introductory offer which ends this month has been very successful, with encouraging levels of repeat orders that exceeded targets, say Dep (UK) Ltd. Tel: 0753 820743.

Robinsons baby foods are running a "20p off next purchase" promotion, on all their dessert packs. The 20p off coupon can be used against any other Robinsons baby foods variety, excluding desserts. Colmans of Norwich. Tei: 0603 660166.

**Bayer UK** are offering discounts on Alka-Seltzer through major wholesalers until July. Bayer UK Ltd Consumer Products Division. Tel: 0635 39000.

## Now Hollister will stock your shelves with Hollister\* Ostomy products



For over sixty years the name Hollister has been synonymous with the highest standards of quality

From 1st April 1990, Hollister Limited will assume direct responsibility for the marketing and distribution of the Hollister\* Ostomy range as well as the InCare\* Incontinence range of products.

You will now be able to order from us direct as well as from your usual surgical dealer.

Nothing else has changed. We will still be using the same style boxes, the same catalogue numbers and the

same discounting arrangements you have previously enioved.

Our special, 'free of charge', Orderline service will deal promptly with your requirements. If you telephone 0800 521392, and place an order between 8.30am and 3.30pm we will despatch your order from our new distribution centre the same day by first class post.

It is our intention to provide you with the very best in professional and technical support, and our Professional Services Team will be happy to advise you on any technical or product queries; simply phone 0800 521377.



Hollister\* products are marketed in the United Kingdom by

Hollister Limited

43 Castle Street, Reading, Berkshire RG1 7SN

Telephone: (0734) 597211

## KODAK FILM

## FREE MEAL FOR TWO

TREAT YOURSELF Simply purchase a Kodacolor Pizza Hut Stock Box and receive £15.00 worth of

Pizza Hut meal vouchers FREE



Vouchers packed inside stock box along with Show card and window sticker.

## EVEN THE CONSUMER **GETS A SLICE OF THE** ACTION.



Free with every KodacolorTwin-pack. A pizza of their own choice.

04853

04853

04853 3471

## CATCH

The customer simply takes in, his or her Kodak pizza sleeve along with two empty Kodacolor film cartons to any Pizza Hut and receives a free pizza of their choice to eat in or take away. (Twin sleeves valid until October 1990)

## **SWAINS** GIVE AWAY

**POUNDS** 



**POUNDS** 

EVERY PACK QUANTITY OF KODACOLOR GOLD COMES WITH A £1.00 coin.

(All films are packed in twenties)



Eastland House, Westgate, Hunstanton, Norfolk PE36 5EW Tel:04853 34711 Fax: 04853 33244

### COUNTERPOINTS



## A global design for **Aquafresh range**

Care are launching a global design for Aquafresh toothpaste on Monday.

Described as a young, modern toothpaste, SB say Aquafresh is the fastest growing family brand in the toothpaste market.

The new look communicates the three-stripe formulation in bold, contemporary colours, say SB. The Aquafresh name appears in clear blue, for the fresh 'n minty variant, and bold agua for mild 'n minty. The logo features a graphic flash directly under the brand

name representing the red, white and blue stripes of the toothpaste.

Promotions and national advertising worth over £2m are planned to support the relaunch, starting from August. There will be a new commercial using the "three-in-one protection for the family" theme currently featured in the animated commercial.

Promotions will include onpack offers on the pumps and added value activity throughout the year, say Smithkline Beecham Personal Care UK. Tel: 081-560

## **Topol Plus goes minty**

Dep UK are adding a fresh minty gel toothpaste to their Topol range in July.

Topol Plus (50ml £1.29) is specially formulated to meet the needs of younger smokers of the nineties, says the company, and is aimed at women aged between 16 and 30.

It contains fluoride and removes stains as well as guarding against plaque build-up. It also contains zantrate, said to freshen breath.

The new toothpaste will be supported with advertising in major women's magazines, say Dep (UK) Ltd. Tel: 0753 820743.

## **Chalkgate launch toiletries**

Two ranges of natural healthcare products have been launched by Chalkgate.

Balma Bran skin cleansing sachets contain extract of bran and are suitable for all skin types, especially sensitive skin, says the company. The sachets are soaked in water and are then used as a cleansing pad. Balma Bran sachets are available in three varieties, for the bath (3 by 90g, £2.99), for baby (12 by 20g, £3.99, singles £0.38) and for the face (12 by 12g, £4.99, singles £0.38).

Trvbol toothpaste mouthwash/gargle are also based on natural ingredients, according to Chalkgate. The mouthwash is a concentrated preparation of arnica, sage, mint and chamomile in lightweight dropper bottles (25ml £0.99, 100ml £2.95). Trybol toothpaste contains chamomile and fluoride (50g £1.09, 80g £1.89). Chalkgate Ltd. Tel: 071-722 5221.

Homeway Promotions have introduced sterile medical packs aimed at travellers in countries where these are not at hand. The pack contains three 5ml syringes, five 21g needles, a venflon drip needle and suture material, and retails at £9.95. Distributors Unichem Ltd. Tel: 081-391 2323.

lear Creme Rinse Prescribing Information

clear Creme Rinse Prescrining information sessing the sessing of the Rinse Prescribed Properties of the Aller persensitivity to permethrins, other synthetic pyrethroids, pyrethrins or chrysantheniums. Precautions: For external use only. Wear gloves for multiple applications. Only use children under 2 years under medical supervision. Use in pregnancy only if potential benefit outweighs the possibility of unknown risks. Side- and adverse effects: Adverse ictions are infrequent, mild and transitory, and are usually also symptoms of head louse infection. Basic NHS Cost: \$1.68. Legal Category [P], riher information available on request. The Wellcome Foundation Ltd., Crewe, Cheshire CW1 1UB. Lyclear is a Trade mark.



## LYCLEAR

A single 10-minute treatment for head lice.



\*99% overall cure rate after one week.

Eradicating head lice hasn't always been easy or pleasant. But now Wellcome presents a new pediculicide. It's called Lyclear.

Based on the tried-and-tested permethrin compound, new Lyclear is highly effective as a single application creme rinse, and used as easily as a normal hair conditioner.

In fact, just one ten minute Lyclear treatment is sufficient to kill lice and eggs, with the comparative effectiveness of either a 2 or 12 hour malathion application. What's more, Lyclear's strong residual capacity can protect against reinfestation for as long as 6 weeks after use.

Although highly effective, Lyclear has a

pleasant smell, is unlikely to cause eye irritation, has low potential for toxicity or allergic reactions, and being biodegradable is environment and user friendly.

With its recognised cosmetic advantages together with its proven clinical potency, Lyclear is an ideal

head lice treatment for every member of the family.

Lyclear is a head lice treatment you can confidently recommend to be quick, effective, and pleasant to use.



Kills head lice in just one 10-minute application.

LYCLE AR

## Philips massage and care for body

A range of personal care products under the ''Body Care'' label has been launched by Philips.

The range comprises: the HP5189 hydro massager (£149.99) which fits into any size of bath-tub; the HP5222 foot bath massager (£34.99) which is said to help relieve tired and aching feet. It comes complete with a detachable splash protection cap.

The company is also launching the rechargable body massager (£34.99) said to help soothe aching muscles. The massager gives 45 minutes of continuous use when

fully charged.

The fourth product in the range is the body care facial sauna HP5220 (£17.99) which is said to help clear the complexion. The cap is adjustable and has a grating for herbs. A measuring cup is provided and the sauna with integrated steam diffuser will run for 20 minutes on one cup full of water, say *Philips Domestic Appliances and Personal Care Division. Tel: 081-689 2166.* 



## Four more are added to the Jaguar range

Jaguar Fragrances have added four new lines to their Jaguar range for men.

The new additions comprise: a perfumed deodorant natural spray (150ml £12) which features a manual spray pump; a foaming spray gel free from pressurised gases (125ml £12) described as a shaving cream in the form of a gel. It is gentle to the skin and offers

the perfect protection for daily shaving, says the company.

Jaguar have also come up with a perfumed hair shampoo (200ml £11) which can be used everyday, and has the Jaguar fragrance, and a non-alcoholic deodorant stick (75ml £10). These new additions will be available from next month. *Maurice Douek Ltd. Tel: 071-328* 

## Stephanie goes on show

The newly created division of the Bourjois Group, Parfums Stephanie, will be launching their Stephanie eau de parfum at Beauty International running at Olympia 2 from June 24-26.

Stephanie, described as "the fragrance of the '90s", is aimed at today's young, modern woman.

It is said to be "floriental" with

a classic blend of jasmin, rose, and ylang ylang combined with oriental myrrh and vanilla.

Stephanie comes packaged in a royal blue carton with silver graphics. It comes in a 50ml vaporiser (£13.95), 75ml vaporiser (£15.95), 50ml bottle (£12.95) and 100ml bottle (£16.95). It is positioned at the lower end of the premium fragrance market. Parfums Stephanie. Tel: 071-499 2605.

Alberto's Pure & Clear collection will be supported throughout July with a third national television advertising campaign. The company is putting a \$800,000 spend behind the campaign which will cover ten regions. Alberto-Culver Co. Tel: 0256 57222.

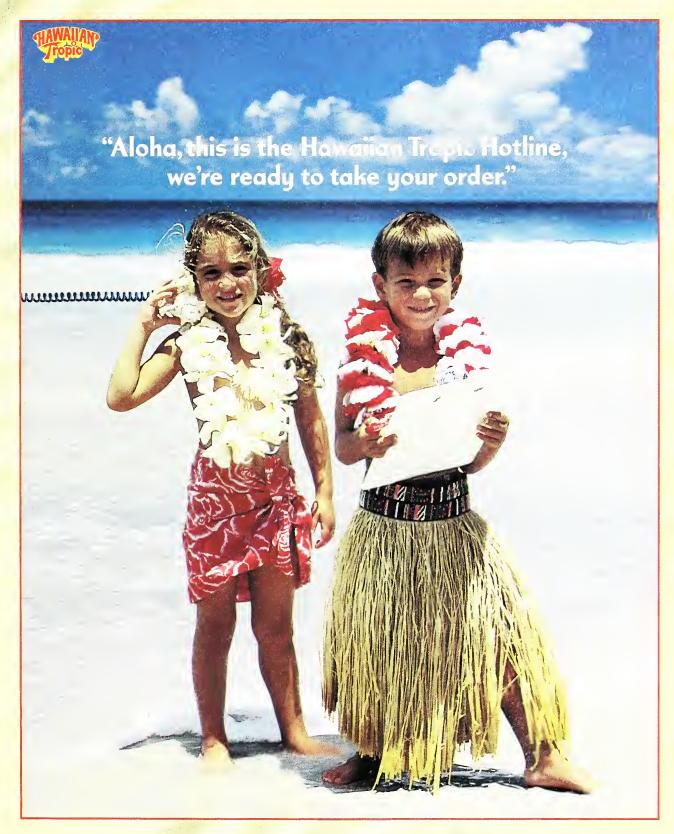
## It's not just the antihistamine that makes Wasp-eze the one to counter-prescribe

- It's the only dual action spray-on anaesthetic and antihistamine for bites and stings.
- Wasp-eze is effective on a wide range of bites and stings, from insects to nettles and jellyfish.
- No-touch application.







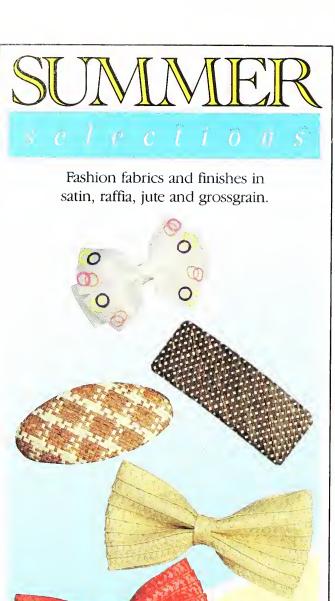


This summer, whether at home or abroad, people are going to be keener than ever on the Hawaiian Tropic range.

So we've come up with a way of making sure that you don't run out. Unfortunately, this won't mean you have to fly off to Hawaii to place your order in person. Just call the Healthcare Hotline for the most generous discounts and we will deliver within twenty four hours. With Hawaiian Tropic it pays to stay in stock.

JUST DIAL 100 AND ASK FOR FREEFONE WARNER LAMBERT HEALTHCARE HOTLINE.

HAMAIAN TROPIC, TANNING RESEARCH, HONOLULU SOPIE







Lenthéric Morny are introducing their Cyclax Moistura fragrance free range in 100ml bottles (£1.99). Cleansing lotion, skin toner and moisturising lotion retain the aqua-green packaging with silver graphics. An advertising campaign in the women's Press is planned for later this year. Lenthéric Morny Ltd. Tel: 0276 62181.

## Allergan go direct

With Countercall now closed down, Allergan are advising all former Countercall wholesale customers that they will accept and supply orders direct.

Allergan offer a direct solutions order line on 0494 427155. Alternatively orders may be faxed (0494 436871) or telexed (837621 ALLGAN G.).

The company is in the process of re-organising its pharmacy sales operation and their plans will be announced as soon as possible. Allergan Optical. Tel: 0494

## Tineafax comes with a bag offer for sport

The Wellcome Foundation are promoting their Tineafax athletes footcare range with a sports shoe bag, available to consumers at a specially reduced price.

Consumers will be able to buy

the shoe bag for £2.99 (25 per cent off the selling price). A selection of point of sale material is available giving details of the offer. Wellcome Foundation Ltd. Tel: 0270 583151.

### ON TV NEXT WEEK

GTV Grampian B Border C Central CTV Channel Islands LWT London Weekend C4 Channel 4

G Granada
A Anglia
TSW South West
TTV Thames Television
TV-am Breakfast Television

SK Sky STV Scotland (central) Y Yorkshire HTV Wales & West TVS South TT Tyne Tees BSB British Satellite Broadcasting

Anadin Extra:	All areas except TSW & LWT
Aller-eze:	TTV,TV-am,BSB
Bisodol Regular:	GTV,U,G,HTV,TVS,TTV,C4 & Sky
Bodyplan:	U,STV,BTV,G,C,TVS,TT & SKY
Contac 400	TV-am
Dettol liquid:	All areas inc. Sky except CTV, LWT & C4
Dimension:	All areas except TV-am
Gillette Sensor:	All areas
Just for Men:	Y
Libra Bodyform:	TV-am
Listerine:	GTV
Mum deodorant:	All areas
Philishave Tracer:	ITV,C4
Plax:	All areas except LWT & TVam

## nomad Committed to improving patient care

The NOMAD drug dispensing and distribution system, developed by SurgiChem, is rapidly becoming established as probably the best of all controlled dosage systems - for homes and pharmacists alike.

Its handy cassettes carry up to six doses a day for a week ... and these simply - used units incorporate a wealth of features to make life easier, safer and more economic for all concerned. Now, SurgiChem have announced further developments within the NOMAD range ... demonstrating their total committment to the improvement of patient care.



### 28-day set-up system

To date, the NOMAD system has been used to set up drugs for a period of seven days. Now, however, the system can also be set up simply for 28 days at a time (and still supplied on a weekly basis to the homes).

This is achieved remarkably easily, with four of the NOMAD 'inner trays' being filled and labelled at the same time ... and supplied to the home weekly or at an agreed interval.

A clear airtight self adhesive sealing film has been introduced for this new set-up system.

The new system can be left in place in the NOMAD cassette. Medication is then dispensed by pulling back the slider and piercing the film seal.



## IBM compatible computer programme

Naturally, time is of the essence for all pharmacists and the computerisation of the system enables maximum efficiency to be achieved. Medication cards, as well as records for the home and pharmacist, can all be generated by computer and the programme is compatible with all IBM systems. It can be tailored to suit the needs of individual pharmacists and homes - to provide a service which will be of benefit to the whole community.

### Setting up the NOMAD system

Another new service from SurgiChem will help pharmacists put the system into operation in their homes. In the near future staff training - in both home and pharmacy - will be available from SurgiChem, saving time and energy. Training, of course, makes the NOMAD system even more beneficial to the pharmacist and the homes.

### Leasing makes life easy

One criticism of all new developments is the cost involved - and controlled dosage systems, naturally, involve some initial outlay. NOMAD, however, is most reasonably priced for outright purchases - and now there's a full leasing service available. Before tax relief, the cost of a NOMAD system for a 30 bed home is as little as £4.95 a week ... making it sound business sense to use the very best system around.

### NOMAD - always ready to help

There are a thousand and one questions and complications in the life of a pharmacist, as we all know,

and SurgiChem have recognised this fact by setting up a NOMAD HELPLINE (061-428 0440 - 24 hour service).

Whatever, queries, questions or problems you have will be answered individually and personally - proof that SurgiChem are totally confident that their product is perfect for patients and pharmacists alike ... and that their priority is to provide a caring service for all concerned.



To place orders, contact SurgiChem or your normal wholesaler.

For more details of all these NOMAD services, contact SurgiChem on 061-428 0440 or at 7 High Street, Cheadle, Stockport, Cheshire SK8 1AX

## SurgiChem

Committed to improving patient care

## Nurdin's July deals

Nurdin & Peacock's promotion for the period of June 18 to July 6, will feature Imperial Leather bath soap (12 for £2.69), Colgate Dental Cream (6 by 138ml, £4.69) and Natrel deodorant (12 by 150ml, £9.99).

Bestbuy deals are available on Listerine 200ml (six for the price of five) and Listerine with Fluoride (12 for 10). Last month's promotion of VO5 shampoo and conditioner "50ml extra free" packs, (six for the price of five) will continue.

These offers are being detailed in a revised version of Health Home and Beauty mailouts, enabling retailers to see ''at a glance'' what is on offer, say Nurdin & Peacock. Tel: 081-946 9111

AAH Pharmaceuticals are offering a 17 per cent discount on trade prices of selected Mentholatum products. Products featured in the offer include: deep freeze pain relief spray (200g); deep heat presport rub (60ml) and deep heat extra strength rub (55g and 100g). AAH Pharmaceuticals Ltd. Tel: 0928 717070.

## Cachet now comes in handbag size



The new Cachet refillable perfume spray, which will fit in the smallest handbag, has been designed with convenience in mind, say Rimmel International.

The limited edition size is refillable and comes in a cream coloured pack with a silver band and the Cachet logo.

The container can hold 7.5ml of the Cachet eau de toilette natural spray and retails at £3.50. Rimmel International Ltd. Tel: 071-637 1621.

## Healthcrafts Boron Extra boosts mineral range

Booker Nutrition are launching Boron Extra as an extension to their Healthcrafts minerals range.

Boron is found naturally in its highest concentration in vegetables, cereals and dairy products.

Paul Latimer, Healthcrafts senior brand manager comments: "Boron is recognised as an aid to reducing some of the symptoms experienced with arthritis as well as reducing the loss of bone minerals including calcium."

minerals including calcium."
Healthcrafts Boron Extra (boron 3mg) also contains calcium (250mg) and vitamin B2 (0.8mg). The recommended dosage is two tablets per day. It is priced at \$10.40 for cases of six (\$2.99 for 60 tablets). Booker Nutritional Products. Tel: 0932 336366.

## Farleys boost junior milk

Farleys are offering consumers a free jigsaw under the lid of every tin of their Junior Milk and the opportunity to win a copy of Dr Miriam Stoppard's "Baby and child medical handbook". The Junior Milk will carry entry forms for a competition with 100 of the books as prizes.

Farleys are also offering new POS including shelf reservers. *Crookes Healthcare Ltd. Tel: 0602 507431*.

## Token scheme for Ribena

From June 18, 60 million Ribena packs will invite consumers to collect tokens to receive a free pencil holder, musical money box or a stereo FM radio cap.

A 90,000 home mail shot introduces the new scheme and includes five free starter tokens. This on-pack offer will be featured on all Ribena ready-to-drink packs. Beecham Healthcare. Tel: 081-560 5151.

## NEW FROM THE MAKERS OF OLBAS OIL & KALM A NATURAL SLEEP-PROMOTING PREPARATION

Now people sleep more peacefully-more naturally wit

- Natural remedy based on Passiflora
- No prescription necessary
- No known side effects
- Non habit forming
- Recommend with perfect confidence
- Fully licensed OTC remedy for mild insomnia
- National advertising in daily press, health magazines & women's magazines throughout the year
- Trade margins are rewarding

Distributed to the pharmacy trade by Ernest Jackson & Co Ltd. Telephone 03632 2251

Made by Lanes — leaders in natural health care



## Seldane — easin' the sneezin'

Merrell Dow have started a £1mplus peak season national television and radio advertising campaign for their new OTC hay fever brand Seldane.

The television advertisements use bee cartoon characters and are targeted at the 15 to 40 year old age group. The national radio campaign will run during the peak morning drive time and weather reports.

With Countercall closed, Merrell have appointed Alchemy's "commando force" of retail pharmacy representatives to provide merchandising support and to take top-up orders. (Alchemy Ltd, Parmenter House, Tower Road, Winchester, Hants SO23 8TD Tel: 0962 840 686).

A special introductory price of \$1.80 (normal trade price \$2.10) is being offered on Seldane until the end of June. For direct transfer bonus orders dial 100 and ask for Freephone Merrell hay fever hotline. Merrell Dow Pharmaceuticals Ltd. Tel: 081-848 3456.

## Clearasil gets a boost

Procter & Gamble have embarked on a promotional campaign to "raise the profile" of their Ultra Clearasil brand.

As part of the promotion this week's *Chemist & Druggist* contains a "concept" promotion pack which includes point of sale material including posters, shelf strips and wobblers, as well as offers for retailers and their staff.

There is a chance for retailers to receive a free £2 Marks & Spencer voucher when they stock



up on two Ultra Clearasil products. Vouchers worth £600 are being offered as prizes for a "staff usage" quiz as well as a gift for every entrant.

The company believes that this will help staff to learn about the products enabling them to assist customers more effectively.

An Ultra Clearasil pharmacy display competition offers prizes of Trusthouse Forte vouchers worth a total of £1,750. The promotion will coincide with a television advertising campaign for the brand which begins next month. *Procter & Gamble Ltd. Tel: 091-279 2000.* 

A selection of Traveller International products is now available from AAH Pharmaceuticals.

In an introductory offer, customers ordering four trade packs of the Traveller International products will receive a free counter display stand. Products available include an automatic travel, jug, travel plug adaptors, anti mosquito "Buzz Bands" and "Hot Rod" immersion heater with worldwide voltage. AAH Pharmaceuticals. Tel: 0928 717070.

## Allerite via

Allerite carpet and soft furnishings cleaner, developed by Vax to assist in dust mite allergen control, is now available to AAII Healthcare Centre customers.

Allerite is a cleaning solution designed for removing faecal particles and the dust mite allergen. It comprises a combination of solvents and wetting agents and when used in the Vax 3-in-1 or other similar machines, is claimed to reduce allergen levels by more than 90 per cent.

wheelchairs in their Home Health range. The chairs are made by Carters of Tonbridge and include six models from the Imperial range with both self propelling and car transit designs available. All come in logan red upholstery which is flame retardant to the required BS5852 standard. AAH Healthcare Centre. Tel: 0384 270113.

Original Additions have acquired the Pava range of prducts, which include Estolan, Nestlemuir, Naturelle and Lotil. Original Additions. Tel: 081-573 9907.



## Feldene gel for sport

A 30g tube of piroxicam gel specifically designed for short term treatment of acute musculoskeletal injuries is being launched by Pfizer.

Like Feldene gel, the sports gel is a clear pale yellow gel containing 5mg piroxicam in each gram. The 30g tube (£3.89 trade) is enough for seven to 10 days treatment and about 3cm should be rubbed into the affected area, three to four times daily. Occlusive dressings should not be

Pfizer say Feldene is the only topical nonsteroidal antiinflammatory drug indicated for both osteoarthritis and soft tissue injuries.

Feldene sports gel is a prescription only medicine and the product licence number is 0057/0284. Pfizer Ltd. Tel: 0304 616161.

## Priadel in solution

Delandale Laboratories are introducing Priadel liquid on Monday, June 25.

The clear yellow, pineapple flavoured, sugar free syrup contains 520mg lithium citrate in 5ml (equivalent to 200mg lithium carbonate). The dose varies from 10 to 30ml daily according to the condition (see Data Sheet). Side effects, contra-indications, warnings etc, are as for other preparations containing lithium.

Priadel liquid comes in a 150ml amber glass bottle (£6.75 trade) with a double ended spoon. Classified as a POM, the licence number is 0357/0032. Distributors, Farillon Ltd. Tel: 04023 71136.

## **Diphosphonate for** hypercalcaemia

Boehringer Mannheim are introducing Loron tablets and infusion for the normalisation of calcium levels in malignant hypercalcaemia. The drug improves bone pain resulting from breast cancer, prostatic carcinoma or multiple myeloma.

Manufacturer Boehringer

Mannheim UK (Pharmaceuticals)

Ltd, Simpson Parkway, Kirkton Campus, Livingston, West Lothian, EH54 7BH

Description Loron capsules are white, size 0, hard gelatin capsules each containing 400mg sodium clodronate and marked "Bm b7". Loron for infusion is a clear, colourless, sterile liquid containing 300mg sodium clodronate per 100ml ampoule

Uses The capsules are indicated for maintenance of clinically acceptable serum calcium levels in patients with hypercalcaemia of malignancy initially treated with intravenous sodium clodronate. The infusion can be used for the normalisation of serum calcium levels in hypercalcaemia of malignancy in conjunction with full rehydration of patients

Dosage Capsules Four capsules daily, increased if necessary to a maximum of eight daily, taken as a single dose or two equally divided doses to improve gastrointestinal tolerance. They should be taken with a little fluid, not

milk, at least one hour before or after food. Duration of treatment should not exceed six months Infusion Dilute before use with sodium chloride 0.9 per cent intravenous infusion. The recommended dose is 300mg sodium clodronate daily for no more than 10 days

Side effects Mild gastrointestinal upset such as nausea or mild diarrhoea; asymptomatic hypocalcaemia; reversible elevation of serum parathyroid hormone; mild, reversible increase of serum lactate dehydrogenase; modest transient leucopenia; rarely allergic skin reactions; transient proteinuria Contraindications, warnings, etc Do not use in hypersensitivity to sodium clodronate, pregnancy and lactation or in moderate to severe renal failure. Tablets should not be used in acute, severe inflammatory conditions of the GI tract or concomitantly with other disphosphonates. Monitor renal function during treatment. Serum calcium and phosphate, liver enzymes and white cell counts should also be monitored Supply restrictions POM

Packs Original packs of 120 capsules (£210.43) and boxes of five ampoules (£74.40, both trade) Product licences Capsules 0075/0063; infusion 0075/0064

**Issued** June 1990

## **Evans generics update**

Evans have added temazepam Gelthix capsules to their generics range. The capsules come in two strengths 10mg (1,000 £27.64) and 20mg (500 £24.11) and replace yellow temazepam capsules.

Vitamin B strong tablets have been re-introduced (1,000 £5.58) and nikethamide injection now comes in 10s (£9.34, all prices trade) instead of 5s.

Co-trimoxazole paediatric mixture, frusemide 20mg tablets (250) and lorazepam 1mg tablets (500) have been temporarily withdrawn. Evans Medical Ltd. Tel: 0403 41400.

Nivaquine syrup has been reformulated to remove azo-dyes and now has caramel as a colouring agent. The syrup now comes in 100ml bottles (£2.175 trade). May & Baker Pharmaceuticals Rhône-Poulenc Ltd. Tel: 081-592 3060.

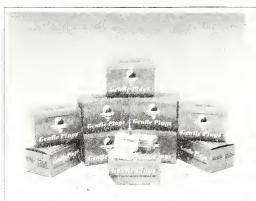
**Bristol-Myers** say that Vepesid capsules are sensitive to extremes of temperature and should be inspected for leakage prior to opening bottles. If broken capsules are found, the bottle should be returned unopened to the company. Bristol-Myers Pharmaceuticals. Tel: 081-572

Sectral 100mg capsules now come in an original dispensing pack of 84 (£7.135 trade) which will replace the 100-capsule pack. May & Baker Pharmaceuticals Rhône-Poulenc Ltd. Tel: 081-592 3060. Elantan LA 50 capsules now come in a calendar pack of 28 (£11.30 trade) with a patient information leaflet. Schwarz Pharma Ltd. Tel: 0494 772071.

Cardene is now being co-promoted by Syntex and Pharmax to hospital doctors and GPs. Syntex will remain sole manufacturer and distributor and will be responsible for all medical and technical aspects. Syntex Pharmaceuticals Ltd. Tel: 0628 33191.

Molynlycke say their Tenaform incontinence range incorporates a superabsorbent with a special anti-gel ingredient. A non-chlorine-bleached pulp is now used to make the pads. Molynlycke Healthcare Products. Tel: 0582 600211.

Glutafin short cut spaghetti and macaroni are both gluten free (12 by 250g £20.92 trade) and have ACBS approval for FP10 prescription, say *Nutricia Dietary Products Ltd. Tel: 081-951 5155*. Emla cream is now additionally indicated for surface anaesthesia of the skin, and the genital mucosa prior to genital wart removal. Astra Pharmaceuticals Ltd. Tel: 0923 266191.



## BRAND NEW TO THE MARKET Gentle Plugs

Soft Silicone Rubber Earplugs

- Soft and Comfortable
- Convenient Carrying Case
- Recomended by Doctors
- Nitrosamine Free
- Non Irritating
- Non-Carcinogenic silicone

AVAILABLE FROM

Paul Murrays Limited Unichem Limited MANUFACTURED BY SILCLEAR LIMITED, RINGWOOD, HAMPSHIRE. ENGLAND.



## E45

DERMATOLOGICAL SKIN CARE



## A passion for excellence

## AAH Pharmaceuticals' managing director David Taylor talks to *C&D* about his career and outlines strategy for the wholesaler as 1992 approaches

"Everyone in the wholesaling business is trying to lock-in retailers," says David Taylor reflectively; "but we are doing it by providing a service."

At 49, David Taylor is one of the most experienced men at the top of pharmaceutical

wholesaling. He began his career in the 1960s by training as a pharmacist, but found himself managing a group pharmacy and became disillusioned with the job. "I wanted to use the knowledge I had gained in pharmacy," he explained. "I had spent three years training plus two years as an apprentice, yet found my responsibilities confined to managing just two or three staff.". Then the wholesalers Evans Medical opened a branch in Bristol, and within two months the young David Taylor was working for them as hospital sales supervisor.

Mr Taylor's rise through the ranks of pharmacy wholesaling coincided with considerable changes in the industry. Evans and British Drug Houses combined to form Vestric; Evans were bought by Glaxo, who became equal partners with BDH in Vestric, then Glaxo became

sole owner.

Meanwhile Mr Taylor was progressing through assistant manager then manager at Vestric's Cardiff branch, followed by six months as the customer services manager looking after the newly formed Vantage programme; this was in 1976. Two years as operations controller for Vestric's southern division followed — the equivalent of regional general manager — before Mr Taylor became first marketing director, then managing director of Vestric.

Meanwhile Glaxo made the policy decision to concentrate on their pharmaceutical manufacturing and sold Vestric

manufacturing and sold Vestric to AAH. Strategically this made sense: "We really contributed negligible profits to Glaxo compared with their pharmaceutical manufacturing profits, but AAH already had regional wholesalers and knew the margins we worked on and how the business was run," Mr Taylor recalls.

Then Unichem stole a march on their competitors with their controversial share scheme which, though ultimately ruled anti-competitive, lost AAH Pharmaceuticals between \$50m and \$60m worth of business.

"We have replaced that business now," says Mr Taylor.

However, Unichem's current move to conversion changes the rules of the game, reestablishing a ''level playing field''. David Taylor sees this as an opportunity for AAH: ''Once Unichem is a plc and members have shares tucked under their belts they will be free agents, and not obliged to continue trading with Unichem. However, I am a realist and accept we would be unlikely to get back all the business we lost to them.''

After one year as managing director of Vestric, Mr Taylor became managing director

of AAH Pharmaceuticals in 1989, adding responsibility for the regional wholesalers to his Vestric duties. This latest promotion reflects the current thinking at AAH and Mr Taylor expresses it in a typically robust fashion: "There is no question we will have to rationalise, because that is the way the business is going in the UK," he says. "For us the process has already begun; 12 months ago we combined Ayrton Saunders of Liverpool with Hills of Warrington; more recently Hills' Birmingham depot was amalgamated with the Vestric's Kingswinford

depot and just two months ago Mawson & Proctor and Vestric in Gateshead were consolidated into a single branch.

"As we look into the 1990s it is clear we shall have to rationalise further," he adds.

Despite the current difficult trading conditions, Mr Taylor says he sees no reason why Unichem and AAH Pharmaceuticals should not continue to progress as the two national wholesaling organisations, but he does expect to see some of the local wholesalers go, as "many will not be able to manage the necessary investment over the next few years. I see maybe 50 wholesaler

warehouses over the next five years, as UK pharmaceutical wholesaling rationalises."

However, AAH's management culture is not "macho" and a good relationship with the trade union is given a high priority. "We don't believe in mushroom management; we engage in an open and free dialogue with USDAW," said Mr Taylor. "After all, the union's officers are sensible people; they know what is going on in the industry and recognise some of the problems."

It is a difficult time for pharmaceutical wholesalers in Mr Taylor's view for several reasons. One is the growth of groups such as Lloyds — "one of the interesting trends in the past few years. Every time an acquisition is made by a group with self-distribution some 90 per cent of the business is lost by the existing wholesaler. An instance is when Lloyds took over Allens: they had purchased almost exclusively from wholesalers until then."

"This is also one of the reasons why AAH set such store by their franchising operations; to provide the guaranteed business to ride out unpredictable changes in the market.

"Vantage generally accounts for around 75 per cent of our business; I like to think this helped us in our defence against Unichem," he says.

A second difficulty currently faced by the industry is the effect on margins of short line wholesaling, and the tacit approval of this trend by the Government.

"The Government needs to understand that of the 6,500 lines stocked by AAH Pharmaceuticals, around 80 per cent by value of turnover is contributed by just 925 items. We feel there should be differential discounts—effectively, a lower discount for short line wholesalers."

For the past 18 months AAH Pharmaceuticals have been providing their customers with the option of parallel imports, as retailers margins have been squeezed by clawbacks by the DoH, forcing many of them to buy this way.

"We got into parallel imports because our customers wanted us to do so, but I have to say demand has\_levelled off in recent says Mr Taylor. "However, we can make a bigger margin on parallels than on branded products.

He sees several trends current in the pharmacy world: "There will be a big change in community pharmacy; we have been offered quite a few shops for sale recently, and expect to see quite a few more for sale this year. "The market is slowing down, and I am looking to no more than a 7 or 8 per cent increase this year, against costs which are going up by at least the rate of inflation, at around 10 per cent. This means that the process of closures is unlikely to have finished. "I see the national wholesalers providing

additional services to community pharmacies. Traditionally they have relied on the sale of ethicals, but with the Government saying it would be happy to see some 800 pharmacies less, community pharmacists are going to have to look to the front of the shop," he says. "This is why AAH are concentrating on services, offering purchasing opportunities, merchandising assistance. Basically, this is what our marketing programme is all about.

However, Mr Taylor does not disguise the fact that the company's major marketing effort will be through the Vantage scheme. "We have found from experience that provision of a core range of products rationalising the stock - combined with effective marketing skills, leads to significant increases in OTC sales.

"We currently have 20 Super Vantage stores plus 100 in the franchise scheme enough to be able to think in terms of buying for them as if they were a group, at keener prices," says Mr Taylor. "Also, with an increasingly ageing population in this country, we are trying to develop a range of products to meet that demand; we intend to develop a range of services for the elderly.

Alongside this AAH are continuing their information and educational programmes for pharmacists, probably best known for the series of tapes on such subjects as anti-

"We have found from experience that the provision of a core range of products — in effect rationalising the stock — combined with effective marketing skills, leads to increases in OTC sales"

histamines and the Drug Tariff.

Computing and information technology is an area where AAH have been traditionally strong, and David Taylor sees plenty of scope for further development here. Realistically, he sees the work in this field as being of more interest to groups of pharmacies than to individual businesses.

AAH will continue to invest in their own computer software development — about the only pharmaceutical wholesaler still doing this, Mr Taylor believes.

He emphasises that this does not mean they will neglect the independent pharmacists. He points out that Unichem will not deal with independents unless they are prepared to

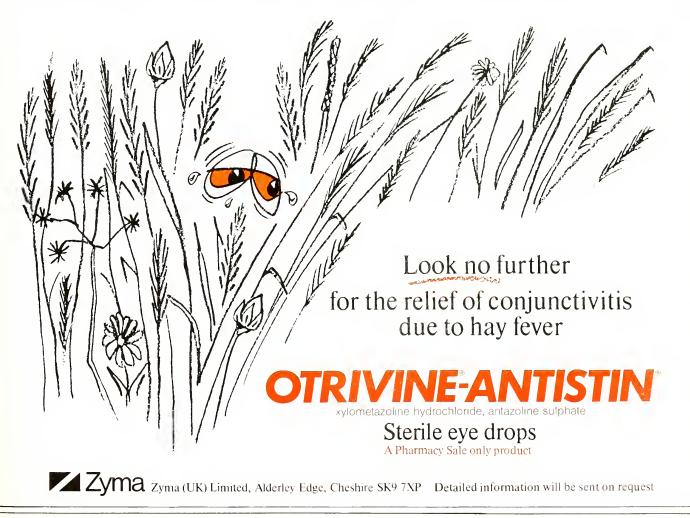
spend £3,000 or more. However, AAH Pharmaceuticals will deal with anyone: "I take the view that a customer who is No 2 with us could be No 1," he says.

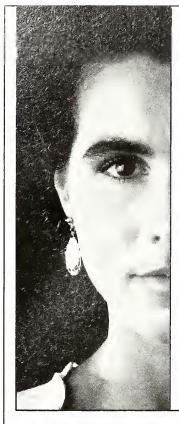
AAH are very aware of the single market in 1992. "As a company we are obviously interested in opportunities, whatever they might be. We certainly want to extend our interest into mainland Europe, though not necessarily in wholesaling. One step we have already taken is to sign an agreement with French wholesalers OCP and German wholesalers GEHE to form a jointly-owned bulk purchasing company to be based in France, Tredimed.

Mr Taylor regards Tredimed as a useful first move which should be able to develop with the market in Europe. It is also a link to provide scope for own label development for the three wholesalers, as well as opportunities in generics and sundries, though currently the lack of multilanguage packs restricts branded

goods.
"We wanted to do business with reasonably-sized companies to make this worthwhile, and with OCP taking around 39 per cent of the market in France, and as GEHE have some 18 per cent of the German market, we think we have found the right partners.

Though Mr Taylor's initial motivation to pursue a career in pharmacy wholesaling may have been to use his skills as a pharmacist, he admits his perspective has changed during his career. "Once I got into the commercial side of the business, I became motivated by success," he admitted. "I want to see this company offering the best service in the country to pharmacies."





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An elderly lady has fallen. cutting her knees and shins badly, while bringing this repeat prescription from the surgery to the pharmacy. Your patient records show that she has been taking these drugs for at least the past two months. On questioning. vou discover that she has had repeated dizzy spells in recent weeks ("it's nothing, really") and that her antihypertensive treatment was adjusted during a recent hospital stay four months ago. After dressing her wounds, you decide she needs to go to casualty

## QUESTIONS

1 How might her antihypertensive drug treatment be significant?
2 What other factors could be involved?

**3** What action do you suggest? **4** Why is a visit to casualty important?



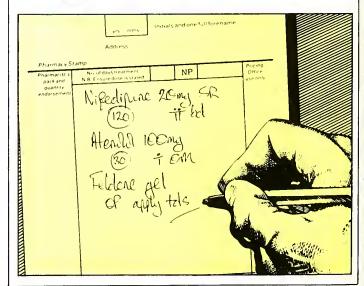
## Answers

1 An obvious question to ask is, "Did you feel dizzy or did you trip?" Postural hypotension, producing dizziness and unsteadiness, is a common effect of antihypertensive drugs particularly in the elderly. In view of this lady's age, the doses used are high and these effects are more likely. If she has not been monitored since the dose was last adjusted in hospital, it is possible that postural hypotension has gone unnoticed. She certainly gives the impression that she has not drawn this to the attention of her GP.

2 There are three further possibilities. First, she may simply have tripped, with no other factors involved. Second, she may be unsteady on her feet because of joint stiffness; you note that she is using piroxicam gel, which is licensed for osteo-arthritis of the knee. Finally, your patient records may be incomplete. She may be taking other drugs of which you are unaware, particularly in view of a recent hospital visit. It is not uncommon for people to be discharged from hospital with benzodiazepine hypnotics and this group of drugs is one of the commonest cause of falls in the elderly.

3 You should provide a record of her drug treatment for the casualty department and tell the GP what happened; it may be appropriate to review the treatment of her hypertension or joint disease. You should also ensure that the details of any other drugs she may be taking are entered on the records system.

4 The elderly can heal poorly, particularly when wounds affect the lower legs. It is therefore important to have the wounds cleaned and dressed correctly and to ensure proper nursing follow-up.





Designer Bottle – 250ml



Silicone Teat – Twin Pack



Silicone Nipple Shields



Rattle Soother



Rattle Soother Twin Pack



Nipple Cream



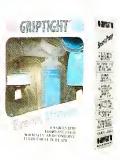
Safety Soother



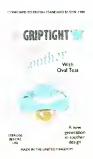
Duck Cooling Teether



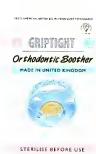
Freflo 250ml Bottle



**Breast Pump** 



Sof' Soother



Orthodontic Soother



Designer Collection – 3 Baby Feeders



Hushmaster Rubber Soother



Rattle Soother



Clean & Carry Capsule

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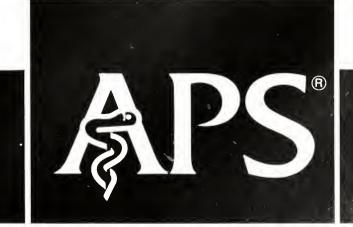


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Milupa is the brand leader in infant savouries with over 50% market share in chemists.\* We maintain our No. 1 position because we always keep abreast of consumer needs. That's why we're now responding to the growing demand for savoury foods by launching our first Infant Meat Dinners.

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savoury Farmhouse Beef and tempting Braised Steak, delicate Country Chicken and satisfying Golden Chicken. And as you'd expect from Milupa, they're all delicious because they contain only top quality ingredients.

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## Council approves new fees based on employment

The Royal Pharmaceutical Society's Council meeting this month approved a proposal for a new structure of personal retention fees under which working pharmacists of any age would pay the standard full-time or part-time fees, while members aged 65 and over and not gainfully employed would pay a £10 concessionary fee.

The Finance and General Purposes Committee proposed increases in the statutory fees averaging about 7½ per cent in 1991, the only exception being that the current £14 retention fee for those aged 70 years and over would be reduced to £10 for those not employed, but increased to £30 for those in employment.

When Council considered the recommendation, Ashwin Tanna suggested that Council consider the wages a person commanded. He proposed that the retention fee classifications covering fulltime and part-time employment should apply to all working pharmacists, regardless of age, and that a reduced fee should apply to all those aged 65 years and over who were not gainfully employed. On that basis the fulltime and part-time figures would be £99 and £55, respectively, as had been proposed by the Committee, and those aged 65 and over not gainfully employed would pay £10. The motion was carried.

Protest at EC plan for vet POMs Council agreed to protest at European Community proposals which would convert almost all pharmacy and merchants list products into products requiring a written veterinary prescription. It would reduce access and choice of supplier and increase costs.

Agricultural Veterinary Pharmacists Group Committee voiced its objection at the Community's failure to appreciate the role pharmacists. Examining the six proposed categories of restricted products the Committee supported the first, "those subject to official restrictions on use for reasons of public or animal health'', on the understanding that it referred to notifiable diseases. The second, concerning products with residual effects which required monitoring to ascertain withdrawal periods, was opposed because it could convey a monopoly to the veterinary profession without corresponding benefit.

The third category, "those which may present risks for

animals or for public health or may cause disorders in the persons who administer them'', was felt to be too wide in its scope and that sufficient control could be achieved by restricting supply to pharmacists.

Support was given to the fourth category — medicines for conditions requiring a precise diagnosis or those with effects that could impede subsequent diagnosis or treatment — but with the proviso that the prior diagnosis was by a veterinary surgeon, thus allowing farmers to continue diagnosing certain conditions in their own animals.

It was felt unrealistic to oppose the fifth category, "magistral formulae" (extemporaneous preparations), because of the current climate of thinking on unlicensed medicines. The Committee agreed with the final category, concerning narcotic and psychotropic drugs, noting that it would have little, if any, effect on pharmacy.

**Supply to hospices** Council agreed to seek a meeting with the Department of Health to discuss supplies of drugs to voluntary hospices, in the light of a Department proposal to switch the mechanism of supply from the family practitioner service to the health authorities.

The proposal had been made because of problems experienced by hospices with the current arrangements, which Ministers had acknowledged were insufficiently flexible.

The matter was considered by the community pharmacy subcommittee of the Practice Committee and by the Hospital Pharmacists Group Committee. After a long discussion, the Group Committee reached the conclusion that the proposals should be accepted, but with the

proviso that FP10 prescriptions should be used whenever appropriate if supplies could not be obtained from the health authority. It also felt that if the proposals were implemented they should be accompanied by a strict control system within hospices.

**Sawtry dispute** Council agreed that the office should offer whatever assistance it could in the rural dispensing dispute in Sawtry, where the doctors had applied for a judicial review against a decision in favour of a pharmacist.

Reservations on generics Council agreed that some reservations about generic prescribing should be included in comments to the DoH on "Working for patients" working paper. Although there were sound financial reasons for prescribing by generic name, it was not necessarily always good professional practice. Generic prescribing should be restricted to generic names included in the Drug Tariff and British National Formulary to avoid the confusing names produced by some prescribers' computer systems. It was also agreed that prescribing of "branded generics" was not in the interest of the NHS and that prescribing should be by either proprietary designation or approved generic name. Among other comments to be made was that information from regional quality control laboratories should be made available to community pharmacists.

**OP** dispensing Council agreed to ask the Minister for Health to give the pharmaceutical industry guidance on original pack dispensing. The Minister seemed to be using disagreement between the parties consulted as a reason for taking no action. It was agreed that progress was needed, particularly in the light of the draft EC Directive on patient information.



Ban on 'co'- names? Council agreed to ask the British Pharmacopoeia Commission not to approve any new combination generic names beginning with the prefix "Co-". It was felt inappropriate to seek removal of the prefix from existing names as this could cause further confusion.

NHS Bill Amendments had been made to the NHS and Community Care Bill which alleviated concern previously expressed by the Society and the Pharmaceutical Services Negotiating Committee. In the original Bill the text relating to indicative drug budgets and fund-holding practice budgets had included references to 'pharmaceutical services' without making it clear whether fees and on-cost were to be included in budget calculations. The text now referred to "sums determined in accordance with the regulations as the basic cost of the drugs, medicines and listed appliances supplied pursuant to orders given by or on behalf of members of that practice

Advertising in GP leaflets The Ethics Committee agreed that the working party on the Code of Ethics should consider, as a matter of urgency, the content of GP practice leaflets and pharmacy leaflets, following requests from pharmacists who wished to advertise in GP practice leaflets. The Committee thought such advertisements should be restricted to professional services.

**Imports case** Council agreed to institute legal proceedings against a pharmacy company for alleged labelling offences in connection with imported products.

Balance of CDs Council agreed to tell the Home Office it would not support a recommendation that pharmacists should have a legal or professional requirement to keep running balances of Controlled Drugs in their CD registers.

Clinical standards Council agreed to seek the inclusion of pharmacy in a Government initiative for improving clinical standards which would involve setting up a statutory multiprofessional clinical standards—advisory—group monitoring NHS standards.

More money for teaching Council agreed to seek the DoH's support in pressing for enhanced funding for pharmacy degree courses.



The Mayor of Chesterfield, Councillor Leslie McCullock (second left) and Mayoress Barbara Bradbury, recently visited Robinson Healthcare's factory. They are seen here with managing director of the healthcare division, Andrew Lauder (left) and David Fletcher, general manager cotton wool, inspecting machinery for cotton wool balls

A light-hearted look at the pharmacist's role in combating foot odour



One hot Summer's day in June, a customer rushes into the pharmacy looking rather flustered. He asks to see the pharmacist. Customer: I need help with a problem. My new girlfriend and I are going for a jog this

evening, then back to my place for a shower before going out for a meal.

Pharmacist: That's a problem?

Customer: No... the problem is that I'll have to take off my trainers, and when I do she's liable to faint from the odour!

Pharmacist: Ah, cheesey feet. No sweat! Customer: This is hardly the time to be flippant!

Pharmacist: Oh I'm quite serious. The answer to your problem is, simply, no sweat. Let me explain. Many people suffer extreme discomfort because their feet sweat excessively. The problem can be more severe for those who are very active; it tends to affect more men than women, and usually gets worse in Summer.

When we sweat, bacteria on the skin's surface break down the sweat to malodourous compounds. This process is what causes the unpleasant smell, and is the same whether it's under the armpits or on the soles of our feet.

Customer: Now I know what causes the odour, how can I treat it?

Pharmacist: A two-step approach is best to deal with sweaty, smelly feet. Firstly, wash them morning and evening with soap and water, dry thoroughly, and treat the soles of the feet with an antiperspirant or deodorant. Antiperspirants are designed to modify sweat glands such that they do not produce so much sweat, whereas deodorants reduce the number of bacteria present on the skin's surface. A large number of products can be classified as antiperspirants and deodorants (APDs) because they contain active ingredients from both categories. Powder products containing an absorbent to help mop-up any excess sweat are also useful.

Customer: That sounds easy enough! What's next?

Pharmacist: Secondly, the correct footwear and hosiery is important. Avoid tight-fitting socks, tights, or stockings, and use hosiery that is made of natural materials such as cotton or wool which are absorbent. Hosiery should be changed at least once a day to prevent feet from becoming reinfected from contact with them. Shoes should fit properly and the uppers should be made from leather which breathes, rather than plastic or rubber materials which can aggravate the condition by increasing humidity. Smelly shoes are often a source of reinfection by bacteria, and should be treated with a disinfectant spray.

Customer: Anything else I should do? Pharmacist: Yes. Malodour and sweat can also be treated by placing insoles inside shoes. Some are impregnated with chemicals which slowly release a deodorant over a prolonged period. Others also contain perfumes which provide a pleasant fragrance. Newer, more technically sophisticated insoles are constructed of materials which contain relatively large amounts of activated charcoal which can absorb gases and unpleasant odours.

Insoles fit into shoes without taking up undue space, and will provide some sort of cushioning to absorb pressure and prevent jarring when walking or jogging.

Customer: I see. So I should use an APD, a pair of insoles, a spray for my shoes, as well as regularly wash my feet and change my socks. I'll take everything I need now please!



Combe launched Odor-Eaters foot powder last May. It has been well accepted by the trade and consumers, says the company. It is a combination of pharmaceutical grade cornstarch and tale, said to be 25 times more absorbent than talc-based foot powders. It contains vitamin E for deodorant protection, an antibacterial, and two fragrances, one of which is time-released for all day confidence, say Combe

## **Overcoming** odour: a look at insoles

Some 70 per cent of sales of foot odour products - insoles and toiletries - go through the independent and multiple chemist sector, who have specific footcare sections within the store, say Combe International. They put the market for odour destroying insoles at £3.5m (RSP) in 1989 (some 1.7 million pairs) and claim to have a 92 per cent share with their Odor-Eaters range.

In March this year, Scholl entered the market with their own range called Odour Attackers (C&D, March 17, p401). Scholl's footcare product group manager Victor Crawford describes it as their 'largest launch in recent years' which they spent two to

three years to develop.

The range consists of regular and super insoles. Scholl are promoting the latter as "the most effective deodorising insoles available".
"This is proven via independent research; the claim is substantiated," says Mr Crawford.
Scholl say the difference is that other

deodorising insoles consist of only two layers top cloth, and latex foam impregnated with particles of activated charcoal — whereas Odour Attackers super insoles are made up of a top cloth, a concentrated layer of activated charcoal enclosed in a fabric matrix, and then a layer of latex foam.

The middle layer ensures that activated charcoal surface is readily available to attract and quickly immobilise odour molecules, whereas in other insoles much of the active surface may be covered with latex rendering it inaccessible to substances causing odour, say Scholl. "We are offering consumers a much better product at a similar price," says

Odour Attackers are being advertised in national newspapers this month and throughout July with a £300,000 spend, as well as a promotion on regular insoles over Summer offering consumers a free video tape. And the range will be extended in the near future with the launch of an antiperspirant foot spray and super absorbent foot powder.

Combe, on the other hand, are confident that their share of the market will show growth similar to that attained last year -22 per cent. They are supporting Odor-Eaters with advertising and promotional campaigns worth £460,000. There is an on-pack promotion offering consumers a free Philips chrome audio tape with two proofs of purchase. And Odor-Eaters insoles are being advertised in the national daily and Sunday newspaper until October (spend £150,000). There is also a national radio campaign (spend £250,000) running during the peak Summer sales period, July/August. Details of the foot powder are also tagged on to the end of all insole commercials.

Odor-Eaters foot powder will be advertised in the national Press (spend £60,000), and there will be "free trial" offer coupons for consumers to write in and obtain a free sachet of foot powder. Special trade bonuses are available across the Odor-Eaters range, and pharmacists should contact their Combe representative or wholesaler for

## **Caring for a diabetes** sufferer's feet

Mrs Ali Foster, BA (Hons), PDCE, DipPodM, FRCh, chief chiropodist in the diabetic department at Kings College Hospital, London, looks at problems diabetics have with their feet

All diabetic patients are prone to foot problems. Although it seems likely that poor diabetic control is linked to complications, it is dangerous ever to label a patient as a "mild" diabetic. Even apparently well-controlled diabetics on oral hypoglycaemics or dietary control can develop severe foot problems.

It is also dangerous to treat any diabetic foot problem lightly, even if it appears trivial. Many catastrophes start as superficial lesions which deteriorate through neglect or lack of expert care.

## What goes wrong?

Diabetic patients are prone to neuropathy (nerve damage) and peripheral vascular disease (ischaemia or poor blood supply). Both can lead to foot ulceration, gangrene and a major amputation: the majority of nontraumatic leg amputations in the UK are performed on diabetics.

Diabetics with neuropathy have impaired pain sensation so they can easily traumatise their feet without knowing it. Burns from hot water and penetrating injuries from walking barefoot are common. Ill-fitting shoes are a major cause of foot

Neglected corns, callouses and blisters can rapidly develop into ulcers, and even trivial injuries and small, painless lesions can become serious, even limb threatening conditions. Most diabetic patients are prone to infection and sepsis spreads rapidly in the diabetic foot.

Diabetics with peripheral vascular disease often cannot produce the increase in blood supply needed to heal even the most trivial break in the skin. Tight or illfitting shoes cause many lesions in this group of patients, who are particularly vulnerable because of poor eyesight and inability to reach the feet.

### Prevention and cure

It is only through teaching diabetic patients about foot care that problems can be prevented or successfully treated. The principles of preventative care are: Daily care Wash feet daily with warm water and mild soap. Rinse well and dry carefully. Change socks daily. Do not soak feet for long periods. If feet are dry, apply emollient. If moist, apply surgical spirit. Nail care Nails should be cut straight across or in a curve following the shape of the toe. Never dig or probe down the side. Avoid shoes which press on the nails. If nails are thickened or painful or the patient has neuropathy or ischaemia then a State Registered Chiropodist (MChS or SRCh) should cut them.

Shoes and hose For everyday wear flat or

low heeled shoes with a roomy toe box, fastened with a lace or strap high in the foot should be worn. Wearing slippers all day should be avoided. Only children or young people should walk barefoot.

Patients with neuropathy should wear thick soled shoes to avoid penetrating injuries and should shake out their shoes regularly to remove foreign bodies. Socks or tights should fit well and heavily ridged seams or darns should be avoided. Heat and cold Hot water bottles and electric blankets are unsuitable for diabetics. They should never toast their toes in front of the fire. Bath water should be below 43C. Extremes of heat and cold should be avoided.

Corns, callouses, athletes foot, ingrowing toenails, veruccae, chilblains etc. These should not be treated with proprietary remedies by diabetics. Patients should always be referred to their diabetic clinic, GP or State Registered Chiropodist, Diabetics should never use corn cures which can cause severe damage very quickly. Diabetics should be dissuaded from purchasing foot care products such as foot scrapers or razors, pads or appliances.

Apparently trivial foot problems in diabetics are often pre-cursors of serious problems: nearly every neuropathic ulcer is

preceded by a corn or callous.

Foot ulcers are now frequently treated with systemic antibiotics until full healing is achieved. Application of topical antibiotics should be avoided. Lesions should be cleansed with normal saline daily and dressed with a sterile dressing and hypoallergenic tape. Many ulcer patients will also need surgical shoes to protect the foot and redistribute pressure. Regular expert chiropody and debriding of ulcers will speed healing and prevent recurrence. Chiropody. Diabetics should only be referred to State Registered Chiropodists as there is no protection of the title of 'chiropodist', and training can be variable in quality or non-existent.

## **Danger signs**

All diabetic patients should ideally undergo
an annual review from the GP or diabetic
clinic. All patients should be taught how to
check their feet for danger signs. These
include:

	Any	pain	or	thro	bbing
	Any	colo	ur (	chan	ge

Any swelling

Any foot lesions — corns, callouses, blisters, sores, cracks or ulcers

If any of these signs are present, patients should seek urgent help from their diabetic clinic, GP or chiropodist.

Continued on p1074



Treatment for

Verrucas

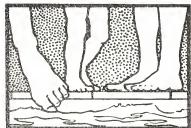
Swimming and summer exercise invariably spread verrucas. So now is the time to pick up a Special Bonus Offer on Veracur Gel – the painless, convenient treatment that helps put down verrucas and warts without cutting or burning safe for use by diabetics

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### FOOTCARE

### Do's and don'ts for diabetics

Do wash feet daily in mild soap and warm water and dry carefully Do wear suitable shoes and wear in new shoes gradually

Do change socks daily

Do use cream on dry or hard skin

Do check feet regularly and seek help quickly for any problems

Do see a State Registered Chiropodist (SRCh)

Don't smoke

Don't treat foot problems yourself

Don't use corn cures or patent remedies. If you have a problem see a chiropodist

Don't remove hard skin with knife or scraper

Don't go barefoot

Don't wear tight shoes

Don't use hot water bottles, or electric blankets, or toast your

toes in front of the fire.

Don't neglect even slight injuries



## 10 facts on feet

1. Each foot consists of 26 bones, supported by a network of ligaments, muscles, blood vessels and nerves.

2. Feet help us balance, and carry us the equivalent of five times round the earth in an average lifetime.

3. They are rarely given the attention they deserve. They are hidden away in shoes and forgotten... until they rebel.

**4.** Nine out of ten people suffer from foot problems. The most common are corns and callouses, bunions, ingrowing toenails and verrucae. Some are inherited, some develop from illnesses in middle age, or from the pressure of ill-fitting shoes.

5. Other problems frequently seen include athletes foot, blisters, odour, chilblains, and dry skin. Multiple conditions are common.

6. Our feet are also mirrors of our general health. Signs of diabetes, arthritis, circulatory and neurological diseases often appear there.

7. Proper footcare is essential to healthy, painless feet, and should be a part of our daily routine. A basic pedicure consists of:

■ Wash feet daily in warm, soapy water, but don't soak them as this may destroy natural oils. Dry thoroughly, especially between the toes. Lightly apply a foot powder.

Remove hard skin gently with a pumice stone.

Trim nails regularly, with nail clippers. Cut straight across, not

too short, and not down at the corners to avoid ingrowing nails.

Apply cuticle cream to soften the cuticle, and push back with a cotton bud or rubber-ended hoof stick.

■ If nail polish is to be applied, first use a base coat to protect the nail, and a top coat for shine.

8. It is also important to keep feet warm, and exercise to improve circulation. Seek prompt treatment for burns, cuts and breaks in the skin, and for any usual changes in colour or temperature.

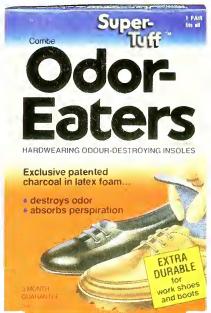
9. Feet should be measured and fitted for shoes; ill-fitting shoes can hasten the onset of any problems, and aggravate existing ones. Shoes should be wide enough to allow the toes to move freely, with laces or buckles to hold the heel in place.

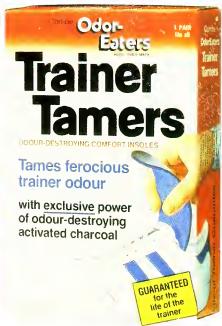
10. Anyone can prevent foot problems before they occur by visiting a State Registered Chiropodist for regular check ups. This is a must for the elderly, diabetics, and anyone whose feet are a cause for concern. They need frequent checks for any signs of soreness or swelling, and injuries should be treated as soon as possible. Adapted from "Foot health — care of your feet" available from The Society of Chiropodists, 53 Welbeck Street, London W1M 7HE.

Continued on p1076

## The foot odour market:







## with over 90% brand share, there isn't even a whiff of competition.

In the foot odour market, only one brand of insole can be taken seriously.

Only one brand which has over 90% market share.\*

Only one brand which is a household name with over 80% unaided awareness.

Only one brand supported by continuous heavyweight advertising.

Only one brand, Trainer Tamers, with the life of the trainer guarantee.

Only one brand with the famous patented activated charcoal formula.

Only one brand with a separate product for everyday shoes, for work boots, for trainers.

OdorEaters from Combe. For foot odour, the only one.

 $^{\bullet}$  90% of the odour destroying insole market.



## Footcare at a glance

Although a few companies tend to dominate certain sectors of the footcare market, there are many others with single products or small ranges which are well-established within the market. C&D takes a look at some of those who have been active, in groups according to their product uses

### **Arch supports**

**Tony Andrews** are promoting their Supporters range of orthopaedic insert soles as "the greatest advance in foot comfort and support".

At present the company supplies NHS and private hospitals with the product; it is looking to extend distribution.

Supporters are shaped to fit into standard footwear and are moulded to accommodate and/or support the plantar surface of the foot. They come in a range of sizes, in three basic types: A to assist those who require aid in both the metatarsal and valgus arch areas, and B and C for those who need help in one area only.

Each pair costs £8.99 including postage and packaging. Two pairs normally cost £16, but are on special offer for £14 till July. The company guarantees a full refund if not completely satisfied, provided the insoles are returned in good condition within seven days of receipt.

To obtain insoles or for more details contact *Tony Andrews*, 299 Muswell Hill Broadway, London N10 1DH. Tel: 081-444 5454.



### Athlete's foot

**Crookes Healthcare** relaunched Mycota in April with new packaging and POS material, and say that sales are up 50 per cent on this time last year.

This month sees a £250,000 nationwide poster advertising campaign on 2,500 Adshel sites. And consumers and "healthcare recommenders" are targeted with a new foot-shaped leaflet entitled "Footnotes". This offers practical advice on how to prevent and treat athlete's foot and dry skin. Copies can be obtained with a stamped addressed envelope (A5 size) from: Footnotes, PO Box 12, Leen Gate, Nottingham NT7 2GB.

**Wellcome's** Tineafax range was reformulated in January and now contains tolnaftate. The company is supporting the range this Summer with a comprehensive package of



Tineafax available with counter unit

trade and consumer promotions.

The package available to pharmacists includes special pre-packed merchandiser units for counter display and consumer advice leaflets for athlete's foot sufferers. Jansen say the athlete's foot market is now worth £7m(RSP) and growing at 43 per cent year on year. Daktarin has a market share of 19.3 per cent, growing at 20 per cent (value) and 19 per cent (volume) each year.

The new promotional campaign centres on the ozone friendly spray can with the catch line 'If anything can beat athlete's foot this CAN'.' Trade support involves new point of sale and merchandising material, with a 47 per cent profit on return on a range order.

Smithkline Beecham say they are expecting demand for their Germolene medicated foot spray to increase this Summer, after last year when sales ''soared''. The spray is a deodorant, refreshes tired feet, as well as treating athlete's foot with its combined fungicide and antiseptic.

Scholl relaunched their athlete's foot range last month, with a new athlete's foot cream replacing the old gel product. New packaging features include a foot graphic on the front of packs and the "contemporary" design emphasises the products' key benefits. While stocks last special packs of athlete's foot spray offer 25ml extra-fill. Laboratories for Applied Biology produce a glossy poster on athlete's foot — symptoms, causes and care, promoting their product

Monphytol. Copies are available from LAB,

91 Amhurst Park, London N16 5DR.

### **Bunions**, corns and callouses

Cuxson Gerrard say that the footcare market has remained constant over the past year, with Carnation's brand share still buoyant. This year, the company has launched a compact merchandising unit with a treatment guide "How to treat feet" attached to the front. It explains and gives advice on corns, callouses, bunions and verrucas, and helps the customer to select the treatment required. A recent survey revealed that 70 per cent of sales by volume through independent and multiple pharmacies were accounted for by corns, callous and bunion treatments, they say.

Carnation medicated corn plasters continue as market leaders through independent chemists, and the verruca treatment launched last year has achieved 50 per cent distribution through independents, the company reports. Carnation products are advertised throughout the peak season; and a range of literature supports the brand, some for pharmacy staff and some for consumers, and including one with a list of do's and don'ts for diabetic footcare.

Ever Ready have been marketing their range of corn cutters in the UK for over 15 years, and claim to encompass the whole range of corn cutter available with their original corn knife, Seneshal corn plane and the Pedi corn cutter. The company says the original knife, which uses a paring action, is brand leader; the Seneschal plane is more popular with older people because it is easier to use; and the Pedi cutter also uses a planning action, but is sharper than the Seneschal.

The company is also contracted to major multi-national retailers for own brand marketing of their hard skin stone.





### **Sandals**

New styles, like the one above, have been introduced by **Scholl** for 1990. These provide a "stylish" look for people wanting to combine fashion with practical footwear. "As we enter the caring '90s more consumers are looking for comfortable footwear with added health benefits," says Jane Long, product group manager at Scholl. Such benefits are provided by Scholl sandals, all of which incorporate the Scholl footbed. Ms Long explains. And a new compact window display stand has been added to the range of Scholl stands. It is "easy-to-assemble" and comprises seven tiers

**Scholl** relaunched their pads and paddings in 1988. This year they plan to add washproof fixo pads to the range. And they will be supporting the range with Press advertising during September and October, and an information and education programme for consumers, pharmacists, doctors and nurses.

The footcare pharmacy education package includes: a ''Healthcare for feet and legs'' brochure; ''Looking after your feet'' 50 leaflets plus dispenser; ''Footcare made simple'' 20 leaflets plus dispenser; and a footcare selection guide poster. These provide information on the entire footcare range.



### **Electrical**

Bristol-Myers continue to support their Clairol foot spa with television advertising in 1990. Offering an invigorating vibratory massage (with or without water) it soothes itchy, burning feet, and relaxes and refreshes feet that are tired and aching, and allows the "supreme luxury" of a foot massage in a doit-yourself home pedicure, the company says

### Insoles

Scholl launched new Air Pillo and Comfort Fresh insoles, to replace the old Air Pillo and Fresh Step in early March, with product improvements and new packaging

product improvements and new packaging. A "save 10p" offer during the launch period is to be reinforced with a £300,000 newspaper advertising campaign in the national daily Press throughout September and October.

Last month saw the start of a Summer promotion on the Hidden Comfort range, offering consumers the chance to "walk-off with a comfortable £5,000", with £50 each for 50 runners up. And later this year, Scholl plan to launch new three-quarter insoles.

### **Odour**

**Dovedale's** Trust anti-odorant for feet is a long-life deodorant containing arnica and calendula which are said to stop bacterial action on perspiration, keeping feet and shoes odour-free until bacteria regenerate;

this may be as long as 15 days, says the company. They are marketing it as a natural, aluminium-free deodorant, and will be advertising in women's, health, and sport magazines.

The product is now being distributed to independent chemists by Ever Ready Consumer Products.

### **Toiletries**

Scholl relaunched their toiletries range last year with product additions, and have seen a 30 per cent increase in sales year on year. For 1990 the company will be doubling their spend on advertising their toiletries, insoles and pads and paddings to £1.25m, with full page colour advertisements in the female Press

The company added a new pumice brush to their toiletries range last month, and a \$400,000 advertising campaign continues through till the end of this month.

### Verrucae

Typharm's Veracur gel has been given a new look, changing its emphasis from prescription to OTC pharmacy only sales. The switch late last month is supported by advertising in women's magazines during June and July, and with a special sell-in bonus offer through distributors De Witt International.

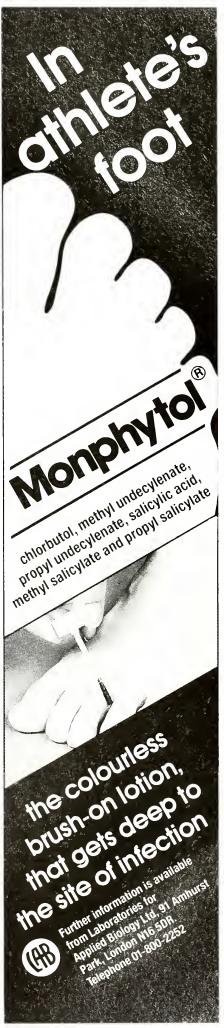
FJH are launching Aqua Rapid guard socks onto the UK market. They are made from natural white latex with a contoured fit for foot comfort, are reusable, and are available in five sizes from extra small (children's size 9-12) to extra large (sizes 8-10).

To coincide with the launch, the product is to be featured in Unichem's national July promotional programme, and further activity is planned through similar major chemists groups in the near future, says the company. They will also be supporting the Aqua Rapid brand of healthcare and sports related products with trade and user-interest advertising. *FJH Ltd. Tel: 0304 212090*.

### **Wetness**

**Stiefel** say Zeazorb powder absorbs perspiration and is ideal for sweaty feet.







With 14 per cent of the UK population regularly suffering from foot odour and perspiration and with another hot British summer forecast, the launch of Odour Attackers from leading footcare company Scholl, is set to create a major impact on the market

Scholl has been active in the footcare market for over 80 years and the first range of odour products was introduced back in the 1920s by Dr William Scholl. Ever since the business began, Scholl have invested considerable time and money in research to ensure the product range matches the changing consumer needs. This latest introduction follows a detailed study by Scholl experts into why foot odour occurs, who suffers from it and how the most serious problems can be prevented.

Sweating is a normal process concerned with maintaining an even body temperature. The sweat glands occur all over the skin surface, but are more densely situated in some body areas than in others. The sweat glands are present most densely where there is a high surface area to volume ratio, for instance on the palm of the hand and sole of the foot, next on the head and much less on the trunk and extremities.

The total number of sweat glands found on the average person's skin is between two and five million and each foot has approximately 250,000.

The palms of the hands and soles of the feet have specially adapted skin which is different from other parts of the body and contains more sweat producing glands than are found on most other skin surfaces.

When we perspire, we quickly become aware of excessive moisture on the hands and feet.

### Why foot odour occurs

Freshly secreted sweat is almost odourless and consists mostly of water with small amounts of dissolved salts, urea and fatty acids. It is an odour-free fluid but an undesirable odour develops when sweat comes in contact with skin bacteria. These bacteria are always present on the skin surface and combine with the sweat to produce the characteristic and unpleasant odour associated with excessive sweating of the feet. The warm humid environment of the foot, often enclosed in hosiery and occlusive footwear, presents bacteria with ideal conditions in which to multiply and produce the odour.

The exact nature of the odorous products is not yet completely known, although recent studies have shown that the odour, at least in some people, consists largely of sulphur containing compounds and fatty acids. Sulphur containing materials such as methanethiol are also responsible for the characteristic odour of certain cheeses. It is not surprising, therefore, that the odour of feet is often referred to as "cheesy" in nature.

Large numbers of people, especially men, have a foot odour problem and in some individuals it can become serious enough to cause personal embarrassment. The majority of people, however, are able to

control this common problem through good foot hygiene and by using deodorising and anti-perspirant products, especially designed for the purpose.

Until recently, very little scientific research had been carried out on odorous feet, largely because of the unglamorous nature of the problem.

In order to develop effective products that really work in tackling this problem, it is necessary to have all the scientific background data so that products can be specifically designed to treat foot odour.

### Scholl research

Over the last five years Scholl has been sponsoring research at the University of Leeds, designed to answer some of these questions. This research has already shown that certain assumptions that were made by scientists in the past are not actually true. For example, for years scientists thought that they had identified the micro-organism that made feet smell. The prime suspect was a type of bacterium called a brevibacterium, which produces the sulphur containing material methanethiol. However, after surveying the populations of bacteria and fungi at three sites on 60 persons' feet, the microbiologists at the University of Leeds have shown that in fact this bacterium is not the only organism responsible for producing odour.

The survey showed that more bacteria live on feet than on similar sites of the body such as the hands, that there were three common types of bacteria found at each of the three sites and that male feet had larger

populations of bacteria.



Scholl's range of toiletries for men and women

### Solving the problem

There are a number of fundamental steps which improve foot hygiene and prevent odour especially in the warm weather. The first step to preventing odour is to keep feet as clean as possible by washing them in the morning and in the evening.

Changing your socks or hosiery on a regular basis will also help as will going barefoot or wearing open toe sandals as often as possible. For extra help Scholl produces a range of toiletries for men and women which make footcare hygiene a pleasure rather than a chore.

Anti-perspirant foot spray: this gives long lasting protection against foot perspiration and odour, leaving feet feeling cool, dry and comfortable.

**Deodorant foot spray**: this will help to protect against odour to leave feet cool and fresh.

Sneaker treater, shoe deodorant: this contains active ingredients to kill bacteria and fungi which not only cause shoe odour but can attack the shoe-lining. By reducing fungi, the formulation also helps prolong the life of training shoes and other footwear, keeping it clean and fresh.

### **New Scholl Odour Attackers**

The existing footcare product range is the most successful one in the footcare market but Scholl have identified a need for a range of stronger foot odour products among those who suffer from severe or persistent odour. Following many years of development the company has launched Scholl Odour Attackers.

This highly effective range is targeted at men and women with severe odour problems and includes super odour destroying insoles, regular odour destroying insoles, anti-perspirant foot spray and super absorbent foot powder. The packaging is in a stylish black and features the familiar yellow and blue Scholl logo.

Odour Attackers super insoles leads the range with odour-absorbing carbon deposited in a fabric matrix. These have been the focus of Scholl's extensive research and independent tests have proven they are "the most effective deodorising insoles available".

Featuring a concentrated layer of activated carbon, Odour Attackers super have been designed to eliminate even the strongest odours and to keep feet comfortable and free of perspiration.

### How activated carbon works

Activated carbon has been used for many years for removing offensive odours and for purifying gases. Such is its adsorbing power that it was first adopted in the development of gas masks in the first World War and is still used by the Ministry of Defence and most armed forces. Activated carbon

functions as an adsorbent rather than as an absorbent. This means that odorous molecules are attracted to the surface of carbon particles. The carbon is made in a very porous form so that it has a high surface area to trap more molecules of odour.

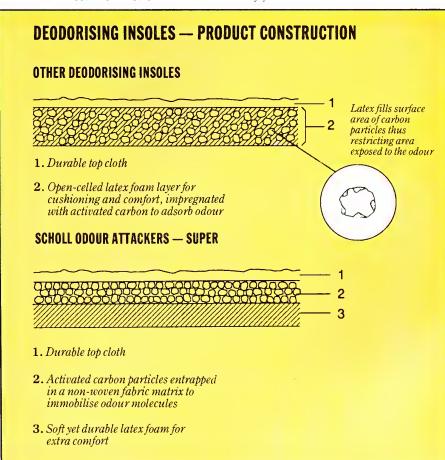
### A superior performance

In Scholl Odour Attackers super insoles, the porous carbon particles are entrapped in a non-woven fabric matrix constructed in such a way to enable the active carbon surface to immobilise the molecules responsible for foot odour. While the activated carbon destroys any existing odours, a powerful anti-bacterial agent prevents further development of odour-causing bacteria, helping to keep feet fresh and dry all day.

Some deodorising insoles on the market incorporate activated carbon inside a layer of latex foam. Although the latex foam is opencelled, less of the surface area of the carbon appears to be exposed to the odour-causing substances than in the Scholl non-woven fabric matrix system.

The successful development of Odour Attackers super insoles, the most effective deodorising insoles available, puts Scholl in a prime position to take a major share of the foot odour market. This will be assisted by high profile national consumer and trade advertising campaigns, instore displays and point of sale material which all reinforce the product message.

Scholl's commitment to identifying the cause of common foot problems and the consequent development of superior treatments will ensure that the company continues to lead the footcare market for many years to come.





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## **Exercise equal to drugs for** mild hypertension

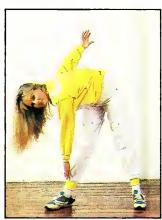
rugs offer no advantage over xercise for people with mild ypertension, according to a ecent American study. Fifty-two edentary, hypertensive men ndertook a ten-week programme f aerobic exercise and weight aining while taking placebo, ropranolol or diltiazem.

Compliance with rogramme was complete and, fter ten weeks, the mean blood ressure in men given placebo had allen from  $14\overline{3}/96$  to 138/89

ımHg.

Serum levels of total holesterol and low-density poprotein cholesterol had fallen y 5 and 10 per cent respectively nd levels of the protective high ensity lipoprotein (HDL) holesterol had increased by 5 per ent. The average weight loss vas 2.6kg.

Drug treatment produced no irther improvement on these gures although there was a trend owards a more rapid reduction in



pressure. Worse, blood propranolol reversed the favourable change in HDLcholesterol whereas improvements with diltiazem were comparable to those among patients given placebo.

Journal of the American Medical Association 1990; 263: 2766-71

## **NSAIDS** vary in effect on gastric PGs

Evidence that one non-steroidal anti-inflammatory drug exerts less profound effects on gastric synthesis of prostaglandins (PGs) than another does not justify the conclusion that it is safer. The NSAIDs do differ in their effects on gastric PGs but the clinical importance of this is uncertain these differences are not reflected in the incidence of severe reactions to NSAIDs.

Twenty-seven patients with rheumatoid arthritis randomly received naproxen 500mg or etodolac 300mg twice daily in a double-blind study. After four weeks, there were no apparent differences in anti-arthritic efficacy and no overall change in gastric or duodenal PG levels. However, naproxen selectively suppressed gastric and duodenal PGE<sub>2</sub> and PG<sub>12</sub> and increased thromboxane B<sub>2</sub>, whereas etodolac produced no significant change. After four weeks, endoscopy revealed gastric lesions in half of the patients given naproxen but in a fifth of those



given etodolac. Nonetheless, PG levels in patients with endoscopic abnormalities were comparable with those in unaffected patients. Biopsy specimens revealed gastric inflammation in threequarters of all patients.

Not all NSAIDs suppress gastric PGs during short-term therapy but this is not clearly associated with fewer acute adverse effects. Other mechanisms of injury may therefore be important.

Annals of the Rheumatic Diseases 1990; 49:354-8

## **Selenium tested in** osteoarthritis

supplementation with selenium is laimed to protect against disease n which free radicals may have a athogenic role. One example is rthritis, where continuing joint amage is possibly associated with acreased synovial levels of free

patients steoarthritis of the knee or hip vere given Selenium ACE (a ombination of selenium with ritamins A, C and E), or placebo, or six months in a double-blind tudy. Established treatment with inti-inflammatory drugs was ontinued unless the drug was flaimed to exert 'chondroprotective effect''

Although both groups tended o improve, there were no significant differences between hem in assessments of pain or stiffness. General well-being ended to decline in patients given selenium but not in those taking placebo. No adverse effects were reported with selenium although five patients in the placebo group reported heartburn, nausea and tachycardia.

This trial may not have been truly placebo-controlled. Analysis of the placebo tablets revealed that they contained 2.9 mcg of selenium compared with 144 mcg in Selenium-ACE. However, this trace amount was unlikely to be significant and this trial provides no support for claims of efficacy for selenium — at least, in patients with disease severe enough to warrant referral to hospital. This, the authors comment, differs from the personal testimonials received by the manufacturers but they speculate that the two groups of patients are likely to be different. British Journal of Rheumatology 1990;

## **Teachers lack asthma drug** knowledge

Asthma is the commonest chronic disorder of childhood and it has a significant impact on school life for example, it accounts for a substantial proportion of absences.

The teacher fulfils an important role in deciding what activities a child undertakes at school and therefore needs a knowledge of the way in which asthma affects children. A survey of London schools has indicated that the present level of knowledge is poor.

Ninety-eight teachers in eight schools in Paddington and Kensington completed a questionnaire about asthma and practical aspects of management. The majority had a reasonable understanding of the disease and were aware of the importance of encouraging asthmatic children to join in with sports.

However, their knowledge of drug therapy was poor. Almost half were unaware that a bronchodilator should be given before playing games and a fifth wrongly believed this to be untrue. Between 50 and 80 per cent of teachers did not know why salbutamol, cromoglycate and beclomethasone are taken or which should be used if an asthmatic child becomes wheezy.

Unsurprisingly, most teachers had never received any training about asthma and many felt inadequate about coping with the responsibility of looking after asthmatic children. Some health education is recommended for the teachers.

Archives of Disease in Childhood 1990; **65**:622-5

## TIAKWAUY 量

## Paracetamol poisoning

Paracetamol became available for OTC sale in Denmark in 1984. At the time, there were fears that its greater availability would result in a marked increase in deaths from paracetamol poisoning. These fears have proved groundless, although sales of paracetamol to pharmacies in 1987 were 50 times greater than in 1979.

The number of admissions due paracetamol poisoning increased from 26 to 202 per year but there was a decrease in the incidence of poisoning when allowance is made for the greater availability of the drug; the number of cases decreased from 11.6 to 5.0 per million daily doses and mortality fell from 0.45 to 0.07 per million daily doses, or 0.6 deaths per million population. During the same period, poisoning salicylates dextropropoxyphene increased but the number of opioid overdoses declined.

The annual mortality from paracetamol poisoning in the UK is 8-10 per million population. Why this should be ten times more common than in Denmark is unclear because sales are unlikely to differ greatly. One possibility is the availability in the UK — but not in Denmark — of co-proxamol. This combination of dextropropoxyphene and paracetamol is implicated in most cases and is likely to increase the risk of death in overdose.

Journal of Internal Medicine 1990; **227**:423-8

## Fluoxetine — mixed reaction | GPs count the

Drugs which interact with central serotonin (5-HT) are used to treat obsessive-compulsive disorders. Examples include the antidepressants clomipramine and phenelzine. Fluoxetine, a more specific inhibitor of serotonin reuptake, reduces excessive intake of food and alcohol in man. A new study has shown that this effect does not apply to all "addictive" behaviours.

Twenty-nine men with low-level alcohol dependence (consuming an average of eight drinks a day) received fluoxetine 40 or 60mg daily, or placebo for four weeks. The lower dose of fluoxetine had no effect but the

higher dose significantly reduced the average daily number of drinks and the total amount of alcohol consumed during the study.

However, just as one type of addictive behaviour was reduced, another increased. Subjects given the higher dose of fluoxeine smoked significantly more; agin, no change occurred with the lover dose. These changes were not related to adverse effects or changes in symptoms of depression.

Fluoxetine seems to exert a selective effect on alcohol intake but how it does so is unknown.

Clinical Pharmacology and Therapeutics 1990; 47:490-8

## New job for old drug

Non-insulin dependent diabetes mellitus (NIDDM) may respond poorly to treatment with oral hypoglycaemics, even when combined with insulin, because of insulin resistance. But adjunctive treatment with hydroxychloroquine may improve the prognosis.

Treatment with insulin or glibenclamide was optimised in 48 patients with resistant NIDDM. After two months, 38 patients who remained poorly controlled received hydroxychloroquine, 200mg three times daily, or placebo in a six-month double-blind trial. In patients using insulin, glycaemic control improved significantly on addition of hydroxychloroquine and the insulin requirement fell by 30 per

cent. Patients treated with glibenclamide showed comparable improvements. These effects became apparent after ten to 14 days and remained at six months. Crude insulin sensitivity tests showed resistance had decreased when the study ended.

Hydroxychloroquine caused minor epigastric pain which responded to antacids. No other adverse effects were reported although the duration of the study was probably too short to detect the risk of retinopathy.

The mechanism of action of hydroxychloroquine is uncertain. It may reduce insulin breakdown at the receptor level or improve glucose utilisation in muscle.

Annals of Internal Medicine 1990;
112:678-81

## GPs count the cost

The rationale for measures like PACT, which provide information about prescribing costs, is that first, this knowledge is lacking and, second, that knowing the cost of drugs helps to reduce expenditure. A survey of Scottish GPs, conducted before the introduction of PACT, shows how little they knew about the cost of the drugs they prescribed.

Approximately 300 GPs completed questionnaires which tested attitudes and invited them to estimate to within 25 per cent the cost of the drugs they commonly used. Most agreed that cost should be taken into account when prescribing and that this could be achieved without

affecting patient care.

Only one third of estimates of cost were accurate to within 25 per cent. Most GPs overestimated the cost of cheap drugs and under-estimated the cost of expensive drugs. The mean estimate of a month's course of diazepam 2mg three times a day, was £2.02 compared with a true cost of £0.14. Estimates of the cost of a standard course of 60 ranitidine 150mg tablets ranged between £2.50 and £80.00; the actual cost was £27.43.

There was also some ignorance about generic drugs. A significant minority believed that ibuprofen and ampicillin were equally or more expensive than their branded equivalents.

British Medical Journal 1990;300:1316-8

## Opinion divided on benzodiazepines

The popular view is that people taking benzodiazepines wish to stop taking them but cannot do so because of dependence. A survey of 64 people in one London practice receiving chronic treatment with benzodiazepines for insomnia and anxiety has now questioned whether this stereotype is universal.

About half of respondents had no idea of their GP's opinion about benzodiazepines and almost 40 per cent believed that their doctor encouraged them to take the drugs. Fifty-eight per cent of patients had tried to stop taking benzodiazepines at least once, mostly after a year's treatment; of these, a quarter had tried eight or more times to withdraw.

Thirty-two of the patients said that they wanted to stop taking the drugs but 19 felt unable to do so because of persisting symptoms and 13 were concerned about relapse or withdrawal symptoms. Twenty-nine patients felt that they would always need treatment with a benzodiazepine and 22 were unsure about their future needs.

These data reveal mixed opinions among patients about taking benzodiazepines. Many would like to stop treatment but, lacking any apparent support, they are uncertain how to do so. However, a substantial proportion want to continue treatment with benzodiazepines in the long term. it is desirable benzodiazepines should be withdrawn from these patients, they will need access to alternative sources of help. British Journal of General Practice

1990: 40:194-6

## **Erythropoietin** in AIDS

Much of the recent controversy over possible restrictions on the availability of erythropoietin due to cost has centred on its use in patients undergoing dialysis. In fact, the hormone will have wider applications.

The treatment of AIDS with zidovudine is often limited by bone marrow suppression. In one study, the haemoglobin level in a third of patients fell to almost half the norm of 14g/dl, and almost half required a blood transfusion. Using current projections of the incidence of AIDS in the USA, this is likely to result in an increase in the need for blood of one million units annually, compared with a current usage of 13 million units annually. Erythropoietin could help to reduce this demand.

Sixty-three people with AIDS were randomised to receive

placebo or erythropoietin 100 iu/kg three times weekly for 12 weeks. Erythropoietin reduced by half the number of patients needing transfusions and the number of units of blood required decreased by 35 per cent. These effects were most pronounced in patients who had the lowest levels of erythropoietin at the start of the trial. People with levels greater than 500 iu/L appeared to derive little benefit. Adverse effects were reported equally but there was an impression that those receiving erythropoietin were healthier overall.

Erythropoietin therefore achieves a substantial reduction in the transfusion requirements of a subgroup of people with AIDS, although the optimum dose and indications have yet to be defined. New England Journal of Medicine 1990;322:1488-93

Research Digest is a regular series written by drug information specialist Steve Chaplin MRPharmS, looking at current developments in medicine.

## **Being unfair to the CPP?**

expressed the view that the Society had acted in an unfriendly manner by increasing the rent of the College of Pharmacy Practice for its occupation of the ground floor of 111 Lambeth Road.

To put this matter into perspective I must explain that the initial three year lease was based on the market rate at the time. When the lease was reviewed in 1989 rents in London had increased substantially, but so had the Society's costs. Indeed, the Council had insisted on a much tighter financial policy because of the difficulties in matching income to expenditure.

It was felt that to introduce a concessionary rent for the next three years of the lease would be inappropriate. However, the Council agreed that the College could stay on for a further year, with only a 10 per cent increase, until the Govenors decided whether they wished to renew the lease in September 1990. The College is apparently also having difficulty in meeting its running costs and has, therefore, decided to move out of London. It has been told that the Society will be

moving if September would be inconvenient.

all these Throughout negotiations the Society and the College have continued to collaborate in a mutually supportive manner. We see no reason why this friendly relationship should not continue between organisations with a shared interest in high standards of pharmaceutical development. practice and research.

If anyone were to doubt the Society's commitment to the future success of the College, it is only necessary to recall that it was the Council which established the College, and which did not make any charge for Society staff and facilities during the first five years. The fact that the College decided that it wished to be autonomous and financially self-supporting has not decreased the Society's interest in its future welfare and development.

John Ferguson

Secretary and registrar, Royal Pharmaceutical Society of Great Britain

## Pharmacy as an investment

Xrayer's comments last week on "The independent approach", raise several crucial issues. Current prices for pharmacies are so high that the return on the investment is unlikely to be equal to that obtainable from a building society. The risks are hardly comparable!

A pharmacy with a turnover of, say £300,000, might show a "pure" profit (after the owner has been paid a reasonable payment for his or her services as "manager") of £15,000. The cost of such a business is probably well in excess of £150,000. The return on capital is therefore 10 per cent or less, before tax.

We could ask why pharmacies sell at current prices. In my experience, few independent buyers or owners calculate their return on capital in a realistic way. They appear to ignore the truth that their investment is what a business is worth on the market today. This is the sum that would be available for investment elsewhere.

Those who buy a pharmacy at a figure showing so low a return as 10 per cent on the investment might do so through lack of careful analysis or because they believe they could bring about an improvement. The "big boys" will do their analysis most diligently and therefore buy in confidence that they can make improvements — a reflection on the efficiency of those selling!

One lesson for the independent is that he or she must enhance efficiency and gross margins. While NHS dispensing, with its sadly low gross margin, should not be neglected, attempts should be made to reduce dependence on this sector.

In the present economic climate, costs such as wages and overheads property extremely difficult to curtail. Salvation lies, therefore, in adding to turnover by improving productivity, and in pushing products and services with higher gross margins.

The independent should build on his or her strengths. Each pharmacy should develop its own niche. Training, for owner and staff alike, is the key to continued viability for the independent. Such training must embrace professional management and professional technical pharmaceutical skills. The training is available. What is needed is the will to use it. The writing is on the wall: it tells both of dangers and of opportunities. The independents can survive and prosper.

Eric Jensen Brighton

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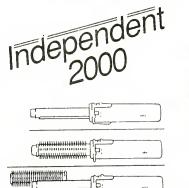
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# BUSINESSNEWS

## Countercall cease trading

Countercall, the Birminghambased pharmacy brokers and distributors who called in the receivers at the end of May (C&D)

May 26), have ceased trading. "The business has been advertised for sale, and although there was quite a lot of interest there were no offers. We have shut the operation down, Jonathan Birch of receivers Grant Thornton told C&D. The decision was taken at the end of last week.

A skeleton staff is still employed to ensure that the position of chemist customers is protected, and to collect in any outstanding assets and pay preferential creditors. The salesforce has been disbanded. In most instances requests for stock are being routed directly to manufacturers to ensure supplies still get through.

Mr Birch attributes the lack of a buyer for Countercall as partly due to the financial difficulties of the company prior to going into receivership, which had damaged the business. There is also concern among manufacturers over how their product range is likely to fare in the chemist sector in the next 12 months. People are concentrating on their existing business rather than entering new areas, he said.

## **Unichem plc** confirmed

Unichem members have confirmed their support for the wholesaler's plans to convert to a plc and float on the Stock Exchange. The second vote took place on June 8 and was required under the regulations governing an industrial and provident society. The vote was 2,873 to 90 in favour of the Board's recommendations.

Unichem officially becomes a plc on July 2 and plans to float on the Stock Exchange later this

## **High Street sales lead Boots profits boost**

The sustained performance of the High Street chemist chain helped push pre-tax profits of the Boots company up 16.7 per cent to £358m in the year to the end of March.

Chief executive James Blyth acknowledged that the traditional chemist business had underpinned the company's performance in a competitive year for retailing, and helped offset the £900m purchase of Ward White in August. Group sales were up 25 per cent at £3.38bn and earnings per share up 13 per cent at 25.5p.

Group sales up 25pc to £3.38bn Pre-tax profits up 16.7pc to £358m Final dividend up 10pc to 7.15p Earnings per share up 12.8pc to 25.5p

Sales of Boots the Chemists at £2,268.9m were up by 8.9 per cent, and profits at £190m increased by 25.8 per cent on broadly unchanged sales space. Sir James attributed the strong result to the focus over the last few years on the division's trading strengths and tight cost controls.

In the last two years sales have risen to £416 per sq ft and profit to £35 per sq ft, said Sir James, and productivity had risen 15 per cent in the same period. Some 7,500 new own brand lines have been introduced in the past year and the current store refurbishment programme, launched in the mid-1980s, is complete. This includes the 37 retained stores from the Underwoods acquisition which are showing sales increases of 20 per cent. EPoS is now installed in 420 stores with 9,000 tills, BTC managing director Gordon Hourston would not say how many unit dose dispensing systems the company was planning to install.

The pharmaceuticals division with sales at £583.8m, up 11.3 per cent, showed profits up 16.6 per cent at £111.1m after charging for R&D costs. In the UK Crookes Healthcare showed a 10.1 per cent increase in sales, although the prescription business has faced a difficult time in the face of increased generic prescribing.

The North American market was particularly successful with sales up 16 per cent at £139m.

An early launch in Europe is expected for Brufen Retard. Applications for product licences for the cardiovascular drug Manoplax are going ahead in the UK, USA and various European markets now that doubts over its effectiveness in clinical trials have been dispelled. Two new substances are in pre-clinical trials, one for lowering blood glucose in non-insulin dependent diabetes and the other for conditions affecting the immune system (not AIDS).

In the retail division Boots Opticians, brought up to 354 by the acquisition of Miller & Santhouse last September, increased by 15.8 per cent, to show £2.2m profit. Children's World is still making a loss although a successful advertising campaign in the second half of the year boosted sales. With 18 stores Boots do not consider the chain has reached "critical mass" and are investigating a smaller 15,000 sq ft format.

Elsewhere Halfords showed profits of £12m on sales of £171m, below City expectations, and Payless turned in £11.8m profits on sales of £139.9m.

The retail sales index increased by 9 per cent to 144 (1985 = 100) in the year to April 1990, according to the Central Statistical Office. The figures also show an 8 per cent increase for the year to date (January to April).

Chemists showed a 10 per cent increase (to 157) in the year to April with large businesses (over £2m turnover) faring better (up 12 per cent to 183) than smaller businesses (up 9 per cent to 143). NHS receipts are not included.

## Alberto head for Wales

Haircare manufacturers Alberto Culver are relocating their factory, warehousing and related offices to Swansea. The move to an 11.5 acre site on Swansea Enterprise Zone will generate 280 new jobs.

Currently located Basingstoke, Alberto Culver have doubled their turnover in the past three years with brands including VO5, Alberto Balsam and Pure &

Graham Fish, managing director says: "The need to maximise on opportunities in the European retail market have created a requirement for greatly increased production, warehousing and administration space." The development will provide over 140,000 sq ft of premises and will be fully operational by Autumn 1991.

Alberto Culver Co (UK) Ltd is wholly-owned subsidiary of Alberto Culver International Inc of Chicago, Illinois.

## **Atlas relaunch**

Cosmetics manufacturer — Atlas Cosmetics - have been relaunched under the name Cosmetics Plus, following their acquisition last November by Swallowfield plc.

According to managing director Keith Fox, the relaunch is designed to reposition the company as the only cosmetics supplier in Europe to offer a one-

stop cosmetic solution. Plus' Cosmetic

significant achievement to date has been the development of freeflow poured powder technology. This system allows up to eight different colours to be filled simultaneously into any one casting.

Other new developments include the introduction of a product development library and a colour library. Twice a year, Cosmetics Plus will provide customers with a colour prediction service forecasting future trends in colour cosmetics.

## Moderate sales and less full-time work

The latest CBI/FT survey of the distributive trades shows a fall in full-time employment in the retailing sector for the first time since the survey started in 1983.

However, Nigel Whittaker, chairman of the CBI's distributive trades panel, believes this does not indicate a heavy cut back in obs, but an attempt by retailers to economise by taking on more part-time employees.

The survey also shows that despite fluctuations in retail sales growth, the pattern remains constant with slow underlying year-on-year increases.

The survey included only seven retail pharmacies. Of these, 31 per cent felt their sales had acreased compared to May last year. The majority believed stock volumes were too high in relation to expected sales.

When asked about their overall business situation, 27 per tent expected a deterioration over the next three months.



Douglas Henderson, MP, cuts the opening ribbon

## Sterling open £3.5m unit

Labour trade and industry spokesman Doug Henderson said he wished other industries in the North East had the same vision as Sterling-Winthrop and the pharmaceutical industry, opening a new £3.5m effervescent tablet facility at their production division in Fawdon, Newcastle last week.

There are three in-line production units in separate suites, each capable of compressing, strip packing and cartoning 2,000 tablets a minute in controlled conditions. The new facility has increased capacity from 9 million to 20 million effervescent tablets a week and will handle Solpadeine, Panadol soluble and co-codamol dispersible, as well as the new POM Solpadol, launched last

week

Mr Henderson complimented the company on being at the forefront of pharmaceutical development through investing in people, training and capital equipment.

Sterling-Winthrop managing director Gordon Proctor said the new plant confirmed the company's commitment to investment and employment in the Newcastle area. He hoped current Government proposals did not make a significant reduction in the availability of medicines. There needed to be a stable and positive pharmaceutical environment to encourage investment by overseas parent companies. He urged restoration of patent protection.

#### BRIEFS

Half-year results for Dublin based pharmaceutical wholesalers United Drug plc show turnover up 15 per cent to IR\$28.5m and an increase in pre-tax profits of 20 per cent. Profits after tax jumped to IR\$667,000, a rise of 31 per cent. However, earnings per share for the company fell back, from 7.38p in 1989 to 6.85p for the half-year ended March 31 this year. The company has announced an interim dividend of 1.75p per share, an increase of just over 10 per cent on 1989.

ID Exhibitions have decided to integrate Shopex into the Interior Design International Exhibition, from 1991 onwards. Under the heading "Retail design at IDI" it will be alongside other product sections such as lighting, furniture, flooring, fabrics and wallcoverings, and contemporary and office furniture. This years Shopex was poorly attended.

In previous years, Shopex has taken place at the same time as the Interior Design International at Earls Court. The visitor profiles of the two shows have become progressively closer, nearly 2,000 visitors who registered first at IDI also visiting Shopex. Figures released by the organisers show Shopex attracted 8,047 professional visitors this year.

# TRADE MARK SEPTIRIN

#### Code of Conduct

Pharmacists will have noticed the statement issued by the Council of the Royal Pharmaceutical Society concerning imported medicines which appeared on page 457 of the Pharmaceutical Journal of 14th April 1990. In particular, paragraph numbered 2 reiterated previous Council guidance to the effect that in instances where a prescription bears a proprietary name (rather than being written generically).

"... pharmacists may not dispense a PL(PI) medicine if the name of that medicine is different from the name appearing on the prescription. The name used on the pharmacy dispensing label must be the name given on the prescription."

Council stressed that a breach of this principle would be considered unprofessional conduct.

#### Trade Mark Infringement

In addition such conduct may amount to infringement of trade mark rights. In this regard Wellcome has recently concluded, by way of out of Court settlement, proceedings against 6 pharmacists, as identified below, who dispensed tablets as "SEPTRIN tablets" when in fact those tablets were originally marketed under the trade mark EUSAPRIM.

Those concerned have given undertakings acknowledging that their actions were an infringement of Wellcome's rights in their registered trade mark SEPTRIN and have paid an agreed sum towards Wellcome's costs and damages.

They are pharmacists in Bristol, Bedworth, Coventry and London S.E..15, S.E..19 and N.8.

THE WELLCOME FOUNDATION LIMITED will continue to take action to prevent infringement of its registered trade marks.



## CBS upgrade to cope with rapid growth

For a company which is avowedly a "spit and sawdust operation", North London wholesalers CBS have done remarkably well over the past two years, achieving 122 per cent growth year on year.

The toiletries, household goods and generics distributor is currently looking at a turnover of \$225,000 a week for the cash and carry side of the business—including the turnover of its subsidiary CBS Trenton in Croydon—and \$350,000 for the delivery business, handled from headquarters near Tottenham.

CBS are in the process of upgrading the manual picking system into a semi-automatic pick and dispatch operation. Once installed the new systems are expected to push the box rate up from 11,750 a day towards 30,000 plus; and this in eight months.

The nerve centre of the system is the computer which the company has developed over the past five years with the help of its own team of programmers.

The company has installed a multi-pack system based around a £100,000 ''sortation'' unit. Orders are telephoned in by the customers, fed into the computer and then aggregated into truckloads for picking.

The pickers bring together the aggregated order to the sortating

## Nurdin sales up 15pc

Final results of Nurdin & Peacock show turnover up 15 per cent to £1,127m.

Speaking at the annual meeting, Michael Peacock, company chairman, said that it was difficult to pinpoint the underlying trend in sales due to several factors which differ from last year. These include a successful sales promotion, Easter falling much later, unseasonal weather and duty increases in the budget.

He said the new branches at Stoke and Hull and the replacement warehouse at Cardiff had been welcomed, and that the recently opened Blaydon branch in Newcastle-upon-Tyne had achieved sales in the first two weeks in excess of £2.5m.

He announced the acquisition of a new site in Blackpool, in addition to the two sites at Chester and Sheffield.

The company, which currently operates 39 branches, made a profit of £22.6m last year.

machine and a laser bar code allows the computer to separate the orders back into individual orders, which are then loaded directly into a truck for a particular run. A flow racking system will be installed and the sortation machine extended.

Despite the rapid growth in the distribution side which has more than overtaken the original cash and carry operation, the company still has plans to look after its C&C customers. Phase two of the reorganisation is to be a 2,000 sq ft showroom with products on display and reception girls who will use laser radio terminals to transmit the customers' orders to the pickers.

In all, the investment will be £500,000 plus.

## Smithkline sell ZESA

Following the disposal of their Margaret Astor and Lancaster European cosmetics business (*C&D* June 9, p1038). Smithkline Beecham have sold their Spanish subsidiary Zambeletti Espana SA (ZESA) to the Spanish company Tedec SA.

The deal, which is subject to approval by the Spanish authorities, is worth £11.3m.

The sale includes the offices and pharmaceutical production facility of Zambeletti Espana in Coslada, together with most pharmaceutical products currently sold by ZESA. In 1989 these products had sales of £3.4m.

Also included in the deal are the rights to a number of non-core pharmaceutical products previously marketed by other Smithkline Beecham companies in Spain. These include Cervoxan for cerebro-vascular conditions, Artroglobina, an antirheumatic, and Antineurina vitamin B complex.

However, Clavucid, a broad spectrum antibiotic, and Sedotime, an anxiolytic, plus the OTC product Eno, though previously licensed to ZESA, will continue to be sold in Spain by SB companies.

A spokesman for the company said that a number of ZESA personnel have transferred to other SB companies in Spain; however the remainder are expected to continue their employment with ZESA.

ZESA have changed their name to Tedec Zambeletti SA and will stop using Zambeletti in 1993.

## MIHEGITY

Hopes of Britain's entry into the Exchange Rate Mechanism have provided a strong fillip to share prices in the past few weeks. The City is now expecting the Government to use entry into the ERM as a political trump card later this year, or in the Spring of the next. As a result, the pound and the London stockmarket have surged ahead, with blue chip shares leading.

While the pharmaceuticals sector has generally benefitted from the euphoria sterling's continued strength has begun to dampen investor interest. Glaxo, who recently held some institutional presentations, have been hit by a series of downgradings from analysts due to currency factors. The market is looking for earnings per share of 52p instead of 54p.

However, some analysts have come away from the institutional meetings with an optimistic view of Glaxo's research and development programme. The company is expected to introduce six new products into the market in the next two years, which should account for a significant proportion of group profits by the mid 1990s — thereby reducing its dependence on Zantac.

Fisons have had a difficult time, partly due to pressure from environmental groups and some shareholders over their peat farming activities in Ireland. The company is being asked to stop digging peat due to ecological damage.

Moreover, positive news concerning Tilade has failed to inspire their share price. This week the advisory board in the US Food and Drugs Administration recommended the approval of Tilade for sale in the US, but shares have continued to slip.

Meanwhile, bid rumours concerning Macarthy have resurfaced, thanks to the £23m acquisition by Lloyds Chemist of Cross & Herbert. The deal has helped to focus investors' attention on Macarthy's 186 strong pharmacy chain. The price paid by Lloyds suggests that Macarthy's chain could be worth about £75m, highlighting the group's attractions as a target.

Shares in Smithkline Beecham have been in favour following its long awaited disposal of European cosmetics interests for £210m. The proceeds were generally in line with expectations, but exclude two remaining cosmetic activities, Montana fragrances and a South African business. However negotiations to sell these are underway and could raise £20m.

## **B&Q** convicted for **Sunday trading**

Following the successful appeal in the High Court by two DIY stores against Sunday trading convictions (*C&D* June 9, p1037), B&Q have been convicted by Cwmbran magistrates. Boots' Payless chain and W.H. Smiths' Do It All successes appeared to be accompanied by a ruling that Article 30 of the Treaty of Rome, which would allow Sunday trading, took precedence over the Shops Act, which would not.

The Shopping Hours Reform Council has reacted strongly to the news of the latest conviction. Director Roger Boaden said: "This decision shows just how complicated and uncertain the legal situation has become. The law is in a total state of confusion and disrepute with some courts dismissing charges and others convicting after hearing the same

evidence.''

The shopworkers' trade union USDAW expressed themselves 'delighted' at the Cwmbran magistrates' decision to convict B&Q. Deputy general secretary Bill Connor said: "Coming on top of a recent High Court decision to grant Kirklees Council an injunction to stop a DIY chain from opening on Sundays Huddersfield and Dewsbury, it puts the enforcement of Sunday trading laws beyond doubt." Mr Connor also warned that the union would continue to help local authorities prosecute illegal traders. "USDAW is determined to protect Sundays and protect its members by preventing Sunday from becoming just another busy shopping day on which shopworkers are forced to work.

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# ABOUTFPEOPLE

# Scots future in safe hands?

The future of Scottish contractors is in capable hands if Graeme Millar's performance in the Evan's Medical "Business Decision" game is anything to go by

Mr Millar, chairman of the Pharmaceutical General Council, was one of 36 hospital and community pharmacists who successfully entered the Evans competition to win a place on the weekend game. Mr Millar, together with Julie Orton, Frank Brean and Mrs I. Gummerson were the game's eventual winners.

winners.
The "Business Decision" game, used by Evans to train their managers, involves the participants, in company teams, making business decisions over a ten year period, that determine their success or failure.

Colin Darroch, the Evans Medical host for the weekends, believes pharmacists are becoming increasingly commercially orientated.

## Oldest rota to close

What is probably the oldest late duty rota in the UK looks set to close after more than 50 years in operation.

Continued working over public holidays have still to be sorted out, but the rota, in Chelmsford, has become superfluous due to the number of pharmacies now operating ''late'' opening as normal trading hours.

The exact start date of the rota is not known, but, from Essex LPC records, it seems that it was in the mid-30s when rota schemes took off in earnest in the county.



George Lavender (centre) of Lavender Pharmacy, New Milton, who won £750 in a Uvistat prize draw, receives his cheque from Andrew Dixon, Windsor's healthcare development manager and Stephanie Murphy, one of Windsor's territory managers



Ed Backhouse, rep for London and the South East, has won the Philip Harris Medical salesperson of the year award. Mr Backhouse has worked in the pharmaceutical business for 26 years and is a former captain of Surrey and South London Pharmacist golfing society

## **Show appeal**

Co-chairman of the Young Variety Club of Great Britain, community pharmacist Stephen Lee, is appealing for financial help for its latest fund-raising event.

The club, which is staging a version of the musical "Annie" at the Bloomsbury Theatre, London from June 28-July 1, has been let down by its major sponsor just a few weeks before curtain-up! "The show will go on," says Mr Lees, but with major expenses such as theatre hire and musicians costs to be met, profits are likely to be well down on expectations.

The Young Variety Club normally raises in excess of \$100,000 a year for handicapped and underpriviliged children. The club's Sunshine coaches and the special care baby unit at the Winnecott centre, St Mary's Hospital, Paddington will both benefit from the profits of "Annie".

Any contribution will be gratefully received, said Mr Lee, who can be contacted on 0992 713320.

## **New Fellow**

The Royal Pharmaceutical Society's Council has agreed that Dr Kelvin Chan should be designated a fellow of the Society, on the basis of his exceptional proficiency in pharmacokinetics and drug metabolism.

#### **APPOINTMENTS**

Smithkline Beecham have appointed Jan Leschly as chairman of the company's worldwide pharmaceuticals business. Mr Leschly, a Danish citizen, served as president and chief operating officer of Squibb Corporation in 1988 and 1989. Prior to joining Squibb, he served as executive vice-president and president of the pharmaceuticals division of Navo

Frederick Kyle has been named president, commercial operations, with responsibility for worldwide marketing and manufacturing of pharmaceuticals. Mr Kyle who joined Smithkline in 1981, from Richardson-Merrell, was previously president of US pharmaceutical business.

Day, Son and Hewitt have appointed Neil Davis as sales and marketing manager. In addition to supporting the company's existing range of equine supplements, Mr Davis will be involved in the introduction of new products and development of new markets.

Windsor Pharmaceuticals have appointed Ghislaine Johnson as product manager responsible for Conotrane and Enterosan brands. Ms Johnson, who has experience with Windsor as a sales force territory manager and an executive in the marketing department, will also be involved with the Uvistat range of sun protection products.

The Royal Pharmaceutical- Society's Council has nominated David Allen as a trustee of Re-Solv, the society for the prevention of solvent and volatile substance abuse. Re-Solv had asked the Society to nominate a successor to Henry Howarth, who had resigned following his retirement.

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# How chewing gum rapidly curtails two hour plaque acid attack

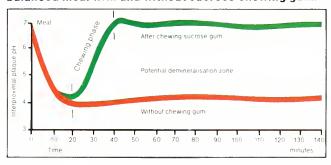
Most meals and snacks increase plaque acid production.<sup>1,2</sup> Research shows that this acid threat may be prolonged and the new study demonstrates that two hours or more can elapse before acid in the interproximal sites is neutralised.<sup>3</sup> And with five or six snacks a day being quite common, many patients' teeth may be at risk for long periods of the day.

The chewing of gum after eating triples salivary flow<sup>4</sup> and delivers saliva throughout the mouth, reaching even interproximal sites where carbohydrates may be trapped.<sup>1</sup> As a result, acid is neutralised quickly and plaque pH is returned to, and maintained, at resting levels. There is wide acceptance of this benefit from Orbit sugar-free gum where restoration of plaque pH to resting levels is known to be rapid. Consequently, attention is now focusing on whether gums containing sucrose exert a similar benefit.

The new study using Doublemint chewing gum after meals shows that once the sucrose is chewed out (generally within minutes)<sup>4</sup>, the gum behaves in much the same way as sugar-

free gum, with acid neutralisation being completed within a 20 minute chew period.<sup>3</sup>

Interproximal plaque pH response to typical nutritionally balanced meal with and without sucrose chewing gum.<sup>3</sup>

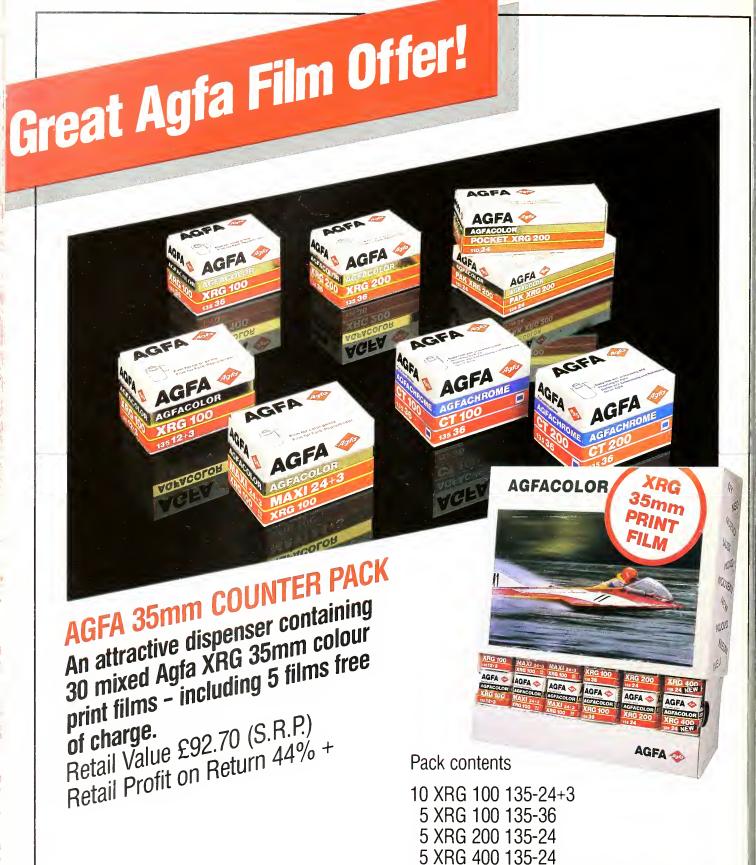


Since most people chew a piece of gum for at least 20 minutes these early results suggest that whichever gum your patients elect to chew after eating, plaque acid can be neutralised much faster than by not chewing.

The new research data provides further support as to why the chewing of gum for 20 minutes after eating should be considered a valuable adjunct in maintaining good dental health.



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